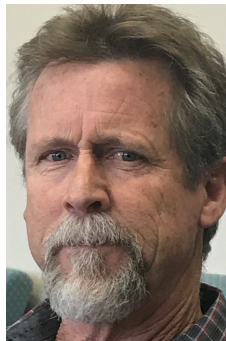


CROWSON  
VS  
WASHINGTON COUNTY

MICHAEL T. JOHNSON

April 17, 2018



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April 17, 2018

1

1 IN THE UNITED STATES DISTRICT COURT  
2 FOR THE DISTRICT OF UTAH, CENTRAL DIVISION

3 \* \* \*

4 MARTIN CROWSON,

)

)

5 Plaintiff,

)

) Case No. 2:15-cv-00880

6 vs.

)

) Deposition of:

7 WASHINGTON COUNTY,

)

et al.,

)

MICHAEL T. JOHNSON

8 Defendants.

)

9 \* \* \*

10  
11 **COPY**

12 April 17, 2018

13 9:00 a.m.

14  
15 WASHINGTON COUNTY TREASURER OFFICE  
16 197 East Tabernacle Street  
17 St. George, Utah

18  
19 \* \* \*

20 Linda Van Tassell  
21 - Registered Diplomate Reporter -  
22 Certified Realtime Reporter  
23  
24  
25

April 17, 2018

<p style="text-align: right;">2</p> <p style="text-align: center;">A P P E A R A N C E S</p> <p>For the Plaintiff: Ryan J. Schriever SCHRIEVER LAW FIRM 51 East 800 North Spanish Fork, Utah 84660</p> <p>For the Defendant: Frank D. Mylar MYLAR LAW, PC 2494 Bengal Boulevard Salt Lake City, Utah 84121</p> <p>For the Defendant: Gary T. Wight Larowe: KIPP &amp; CHRISTIAN 10 Exchange Place, 4th Floor Salt Lake City, Utah 84111</p> <p>Also Present: Brian Graf</p> <p style="text-align: center;">* * *</p> <p style="text-align: center;">I N D E X</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">EXAMINATION</td> <td style="width: 20%; text-align: right;">PAGE</td> </tr> <tr> <td>By Mr. Schriever</td> <td style="text-align: right;">3</td> </tr> <tr> <td>By Mr. Wight</td> <td style="text-align: right;">110</td> </tr> <tr> <td>By Mr. Schriever</td> <td style="text-align: right;">118</td> </tr> </table>	EXAMINATION	PAGE	By Mr. Schriever	3	By Mr. Wight	110	By Mr. Schriever	118	<p style="text-align: right;">3</p> <p style="text-align: center;">P R O C E E D I N G S</p> <p style="text-align: center;">MICHAEL T. JOHNSON,</p> <p>called as a witness on behalf of the plaintiff, being duly sworn, was examined and testified as follows:</p> <p style="text-align: center;">EXAMINATION</p> <p>BY MR. SCHRIEVER:</p> <p><b>Q. Would you please state your full name for the record.</b></p> <p>A. Michael Todd Johnson.</p> <p><b>Q. Mr. Johnson -- may I call you Michael or Mike?</b></p> <p>A. Mike's fine.</p> <p><b>Q. Mike, have you ever had a deposition taken before?</b></p> <p>A. Yes.</p> <p><b>Q. How long ago?</b></p> <p>A. About 20 years.</p> <p><b>Q. What was that in relation to?</b></p> <p>A. I was an EMT in the coal mines where I worked in my twenties and had an accident occur and there were some manufactures, lawyers and everything to try to determine what led up to that accident.</p> <p><b>Q. Where did you work in the coal mines?</b></p> <p>A. Central Utah.</p>
EXAMINATION	PAGE								
By Mr. Schriever	3								
By Mr. Wight	110								
By Mr. Schriever	118								
<p style="text-align: right;">4</p> <p><b>Q. In Price?</b></p> <p>A. Emery County. Wilberg Mine.</p> <p><b>Q. By way of reminder then, a deposition is an informal court proceeding where you're under oath and it is our chance to find out from you what you would testify to or what you would be able to testify to at court, so it's a question and answer format. What I'm after is just your memory of the facts and events, does that make sense?</b></p> <p>A. Uh-huh.</p> <p><b>Q. As long as you're saying uh-huh, let me say we are making a record of everything that is said. When you say uh-huh or uh-uh or nod your head, it requires Linda to make an interpretation so if you do that I will ask you to just clarify whether that was yes or no.</b></p> <p>A. Okay.</p> <p><b>Q. And it's not because I'm rude -- maybe you might think there's other reasons I'm rude but that's not one of them.</b></p> <p>A. Okay.</p> <p><b>Q. If I ask you a question that you don't understand or you don't feel like you could answer completely or honestly, would you let me know that as well so I can rephrase it?</b></p>	<p style="text-align: right;">5</p> <p>A. Yes.</p> <p><b>Q. We're not here to try to trick you. We're literally just after what your testimony would be, does that make sense?</b></p> <p>A. Yes.</p> <p><b>Q. If you need a break at any time, let me know. We can do that, too.</b></p> <p>A. Okay.</p> <p><b>Q. I anticipate your deposition will go about two hours.</b></p> <p>A. Okay.</p> <p><b>Q. That always depends on how much you say and how many questions I ask, so there's some variation there. I want to ask you generally some questions about your background, education, where you came from, what you do at the jail, the jail processes and procedures and then I'll ask you more specific questions about your interactions with Mr. Crowson, all right?</b></p> <p>A. Okay.</p> <p><b>Q. Where do you currently live?</b></p> <p>A. Hurricane, Utah.</p> <p><b>Q. How long have you been there?</b></p> <p>A. Probably about six years.</p> <p><b>Q. How long have you worked for the</b></p>								

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<p>6</p> <p>1 <b>Purgatory jail?</b>  2 A. Going on 14 years.  3 <b>Q. Have you always been a nurse there?</b>  4 A. Yes.  5 <b>Q. What is your educational background?</b>  6 A. Registered nurse. Associate degree from  7 College of Eastern Utah.  8 <b>Q. How long ago did you receive your</b>  9 <b>associate's degree?</b>  10 A. I think it was 1997.  11 <b>Q. Where have you worked as a nurse other</b>  12 <b>than Purgatory jail?</b>  13 A. Intermountain Healthcare, various home  14 health and hospice agencies. The hospital for  15 Intermountain Healthcare also. Right now I've got a  16 part-time job with Red Cliffs Regional in  17 conjunction with the jail. I work full time at the  18 jail.  19 <b>Q. Did you work at Dixie Regional? Is that</b>  20 <b>the hospital for Intermountain Healthcare?</b>  21 A. Yes.  22 <b>Q. How long did you work as a home health</b>  23 <b>and hospice nurse?</b>  24 A. It's varied over the last 14 years on  25 and off.</p>	<p>7</p> <p>1 <b>Q. Part-time jobs?</b>  2 A. Yes.  3 <b>Q. In addition to Purgatory?</b>  4 A. Well, part time and full time.  5 <b>Q. Have you been employed consistently with</b>  6 <b>Purgatory for the last 14 years?</b>  7 A. Yes.  8 <b>Q. And in addition to that at times you had</b>  9 <b>a full-time job as a hospice nurse as well?</b>  10 A. Yes. Prior to that just -- yeah, part  11 time mostly, but full time with the jail.  12 <b>Q. As a hospice nurse you're dealing with</b>  13 <b>end-of-life care?</b>  14 A. Yes.  15 <b>Q. For Dixie Regional what kind of</b>  16 <b>departments have you worked in?</b>  17 A. Med/surge, emergency room, ICU.  18 <b>Q. When did you work there at Dixie</b>  19 <b>Regional?</b>  20 A. It was right after I first came down  21 here. It's been about 17 years ago. I worked there  22 for about five years and then got a better job,  23 moved on.  24 <b>Q. By better job was that the Purgatory</b>  25 <b>jail job?</b></p>
<p>8</p> <p>1 A. Not at first. It was a nursing home.  2 <b>Q. You're currently working at Red Cliffs</b>  3 <b>as well?</b>  4 A. Part time, yeah.  5 <b>Q. What do you do at Red Cliffs?</b>  6 A. Charge nurse. Take care of up to 25  7 patients at a time. Oversee some aides, make sure  8 they're doing their duties.  9 <b>Q. I'm not familiar with Red Cliffs. Is it</b>  10 <b>a hospital or a facility type place?</b>  11 A. It's a facility, nursing home, rehab and  12 long-term care.  13 <b>Q. All right. Help me understand. The</b>  14 <b>registered nurse designation, I may have a</b>  15 <b>misunderstanding of what it is. My understanding is</b>  16 <b>it requires a bachelor's degree. Is that not</b>  17 <b>accurate?</b>  18 A. Not when I went to school. It was an  19 associate's degree. You could go on and get your  20 bachelor's but I haven't done that.  21 <b>Q. Okay. Have you ever been disciplined as</b>  22 <b>a nurse as far as employment goes?</b>  23 A. No.  24 <b>Q. Ever had your license suspended or</b>  25 <b>revoked?</b></p>	<p>9</p> <p>1 A. No.  2 <b>Q. Who often do you have to renew your</b>  3 <b>license?</b>  4 A. Every other year.  5 <b>Q. Is there a teaching and education</b>  6 <b>requirement to go with that?</b>  7 A. In Utah, if you're working full time,  8 that's considered your continuing education. I do a  9 lot of training, though, especially out at the jail.  10 Every other year they have a national conference for  11 correctional nursing that I've gone to several times  12 over that period of time.  13 <b>Q. Okay.</b>  14 A. Other trainings include like with the  15 hospital there was always ongoing training with  16 different tasks, different aspects of it.  17 <b>Q. You've done training but it's not</b>  18 <b>required for your license.</b>  19 A. No, not in the state of Utah.  20 <b>Q. The national corrections, do you belong</b>  21 <b>to a group that's the National Correctional Nursing</b>  22 <b>Association or something along those lines?</b>  23 A. I had a membership at one time. It's  24 lapsed now, but, yeah.  25 <b>Q. Are those the trainings you've gone to?</b></p>



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<p style="text-align: right;">10</p> <p>1 A. Yes.</p> <p>2 <b>Q. What types of things do they cover in</b></p> <p>3 <b>those trainings?</b></p> <p>4 A. There's a lot of various things. We</p> <p>5 have doctors, psychologists, other nurses over a</p> <p>6 five-day period do different types of classes</p> <p>7 involving what to watch out for when someone is</p> <p>8 having a medical emergency, how to respond, how to</p> <p>9 interact with the patients, coworkers, that kind of</p> <p>10 thing.</p> <p>11 <b>Q. And when was the last time you went to</b></p> <p>12 <b>one of those meetings?</b></p> <p>13 A. It was last year or the year before,</p> <p>14 probably two years now.</p> <p>15 <b>Q. In your experience is there a difference</b></p> <p>16 <b>between nursing in a correctional facility versus</b></p> <p>17 <b>nursing in say a hospital?</b></p> <p>18 A. Yes. It's a different setting for sure.</p> <p>19 <b>Q. Can you explain to me some of the</b></p> <p>20 <b>differences in your mind.</b></p> <p>21 A. The clientele, for sure. It's a</p> <p>22 different type of clientele. You have to be</p> <p>23 escorted wherever you're at. Whenever you have an</p> <p>24 interaction with a patient or an inmate you have a</p> <p>25 deputy or security there to make sure everything is</p>	<p style="text-align: right;">11</p> <p>1 okay.</p> <p>2 We do a lot of clinical stuff out there.</p> <p>3 We have a doctor that comes out, both a county and a</p> <p>4 state doctor that comes out once a week that we do</p> <p>5 clinics with.</p> <p>6 We also do a task list on a daily basis.</p> <p>7 They'll put requests in for things that they are</p> <p>8 having issues with of medical concerns and we see on</p> <p>9 average probably a dozen to 20 different patients a</p> <p>10 day that we take care of that way.</p> <p>11 Also there's a booking area where we</p> <p>12 have to assess patients when they first come in to</p> <p>13 make sure if they have any medical issues or</p> <p>14 medications or anything we're aware of it and we try</p> <p>15 to coordinate everything between doctors and</p> <p>16 therapists.</p> <p>17 We have two therapists out there that</p> <p>18 are licensed. They take care of all the mental</p> <p>19 health issues. They're licensed. They're not</p> <p>20 psychologists but they're licensed some way. I</p> <p>21 don't know. I'm not familiar with what or how but</p> <p>22 it's busy.</p> <p>23 That's a lot of differences between --</p> <p>24 hospitals usually give them five patients a day,</p> <p>25 five to eight patients a day. You're working with a</p>
<p style="text-align: right;">12</p> <p>1 bunch of other nurses and different administration</p> <p>2 where you take care of those things.</p> <p>3 <b>Q. So the workload is greater at the</b></p> <p>4 <b>prison, or at the jail?</b></p> <p>5 A. It varies. Sometimes yes, sometimes no.</p> <p>6 <b>Q. What are your typical shifts there?</b></p> <p>7 A. I usually work day shift. It's three</p> <p>8 shifts on. They're either 12, sometimes 12 to 14</p> <p>9 hours per day, just depending on 40-hour workweek,</p> <p>10 how that fills in. So it's three on, two off, three</p> <p>11 on, two off, then three on and seven days off and</p> <p>12 it's a rotating schedule. It just stays the same</p> <p>13 that way.</p> <p>14 <b>Q. Okay. The 12 to 20 patients that you</b></p> <p>15 <b>see a day, is that in addition to the new inmates</b></p> <p>16 <b>coming in to be booked?</b></p> <p>17 A. Yes.</p> <p>18 <b>Q. What is a typical amount of time that</b></p> <p>19 <b>you spend with those 12 to 20?</b></p> <p>20 A. Well, we have them brought down. They</p> <p>21 submit their request the day before. They're</p> <p>22 brought down that morning. We usually spend</p> <p>23 anywhere between five to ten minutes with each</p> <p>24 patient, depending on what's going on. Sometimes a</p> <p>25 little bit more if there's more of a concern we have</p>	<p style="text-align: right;">13</p> <p>1 to call the doctor right away about or anything like</p> <p>2 that.</p> <p>3 <b>Q. Do you coordinate with their private</b></p> <p>4 <b>doctors outside of the prison?</b></p> <p>5 A. Yeah. Well, Dr. Larowe is our medical</p> <p>6 director. He's designated that. He has a contract,</p> <p>7 I believe, with the county for that so he's the</p> <p>8 medical director. We also coordinate with the state</p> <p>9 medical doctor that comes down once a week.</p> <p>10 <b>Q. Who's that?</b></p> <p>11 A. Dr. Burnham.</p> <p>12 <b>Q. He comes down once a week, every week?</b></p> <p>13 A. Uh-huh. Yes.</p> <p>14 MR. WIGHT: Spell the last name.</p> <p>15 THE WITNESS: B-u-r-n-h-a-m, I believe.</p> <p>16 <b>Q. What's his first name?</b></p> <p>17 A. I don't know.</p> <p>18 <b>Q. Doctor?</b></p> <p>19 A. Doctor.</p> <p>20 <b>Q. How long has he been coming down once a</b></p> <p>21 <b>week?</b></p> <p>22 A. At least the last five, six years, I</p> <p>23 believe.</p> <p>24 <b>Q. Does he stay there the entire day?</b></p> <p>25 A. He stays there probably up to about two</p>

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<p style="text-align: right;">14</p> <p>1 hours. He comes down and visits clinical. State 2 inmates will put their requests in and they're seen 3 specifically by him. County inmates are seen by 4 Dr. Larrowe. 5 <b>Q. And there's no overlapping between the</b> 6 <b>county and the state?</b> 7 A. No. 8 <b>Q. If a county inmate has an emergency</b> 9 <b>while Dr. Burnham is there, would Dr. Burnham see</b> 10 <b>him or would he have to be referred to Dr. Larrowe?</b> 11 A. No. We would call Dr. Larrowe directly. 12 <b>Q. In the case of Martin Crowson, I assume</b> 13 <b>he was a county inmate?</b> 14 A. I believe so, yes. 15 <b>Q. Dr. Larrowe would have been the doctor</b> 16 <b>who --</b> 17 A. Yes. 18 <b>Q. How often does Dr. Larrowe come?</b> 19 A. Once a week he does his clinical. 20 <b>Q. How long is he here, typically?</b> 21 A. Usually two to three hours. Depends on 22 the workload, how many patients put in to see him. 23 <b>Q. Is there a specific day of the week he</b> 24 <b>comes?</b> 25 A. It's been the last while on either</p>	<p style="text-align: right;">15</p> <p>1 Tuesday or Thursday, depending on his schedule with 2 his other stuff. 3 <b>Q. Okay. What do you do when Dr. Larrowe</b> 4 <b>is not on site but you need a doctor's input?</b> 5 A. We call him directly. We have an access 6 line to him directly through a cell phone we use at 7 the jail. Also, if we need to call his office, his 8 clinic or his own cell phone, he's available to us 9 24/7 that way. If he's not, he usually designates 10 one of his nurse practitioners to be on call for him 11 if he's out of town or not available. 12 <b>Q. What types of medical issues do you deal</b> 13 <b>with?</b> 14 A. It's a broad range. Everything from a 15 head cold to an assault in the jail or someone 16 having a heart attack. It covers everything. 17 <b>Q. So whatever medical issue comes up --</b> 18 A. We're the first ones that deal with it. 19 <b>Q. When you're on shift how many nurses are</b> 20 <b>on shift?</b> 21 A. Monday through Thursday we usually have 22 two. Back then, it varied a little bit. We've had 23 ongoing issues with staffing, like any other place. 24 I think Monday through Thursday we try and have two 25 nurses on and Friday, Saturday, Sunday it's usually</p>
<p style="text-align: right;">16</p> <p>1 just one nurse. 2 <b>Q. Okay. And I'll represent to you in my</b> 3 <b>review of the records from this time period is that</b> 4 <b>there were three nurses noted in the records -- you,</b> 5 <b>Ryan Borrowman and Josh Billings.</b> 6 A. Okay. 7 <b>Q. Do you know if there were any other</b> 8 <b>nurses employed by the jail at that time?</b> 9 A. No. I'm not involved in those things. 10 <b>Q. Do you have a memory of who else was</b> 11 <b>employed at that time?</b> 12 A. That sounds about right. Are you 13 talking about all of the nurses that are employed 14 there or just the ones that would be there at that 15 time? 16 <b>Q. Right. Just June 2014.</b> 17 A. It would be me and Josh and Ryan. I 18 think that's correct. 19 <b>Q. Dr. Larrowe was the doctor at that time</b> 20 <b>as well?</b> 21 A. Yes. 22 <b>Q. What are your responsibilities in</b> 23 <b>booking?</b> 24 A. There's a prebooking area and a booking 25 area. We usually try to see them in prebooking when</p>	<p style="text-align: right;">17</p> <p>1 they're first brought in by the arresting officers. 2 We go down and we ask them anywhere between half a 3 dozen to a dozen different questions, depending on 4 their circumstances. Whether they're detoxing off 5 some substance, whether they're having medical 6 issues, if they're on medications, do they have 7 allergies to medications, have they recently been in 8 a hospital, are they in pain at this time, any 9 chance they can be pregnant. We try to cover a 10 broad spectrum where we at least get an idea if 11 they've got anything going on. 12 <b>Q. How many of those do you see on a</b> 13 <b>typical day?</b> 14 A. It varies a lot. Some days we don't see 15 a lot during a shift, maybe two or three. Other 16 days there could be upwards of a dozen come in at 17 any given time to be booked in. 18 <b>Q. All right. So between seeing inmates</b> 19 <b>for medical issues and visiting with new inmates in</b> 20 <b>booking, what other job responsibilities do you</b> 21 <b>have?</b> 22 A. Those are the main ones. We try to make 23 rounds down through the blocks, stay in touch with 24 the officers, make sure if they notice anything 25 going on in their duties while they're feeding or</p>

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<p style="text-align: right;">18</p> <p>1 doing cell checks. They do cell checks every hour  2 through the blocks so we kind of coordinate with  3 them. We also coordinate medical appointments at  4 times. We have to help with scheduling there.  5 We're doing a ton of charting or trying to to make  6 sure everything is in place. That's pretty well it.  7 <b>Q. When you say medical appointments, do</b>  8 <b>you mean outside medical appointments?</b>  9 A. Sometimes we have to coordinate those,  10 yes, because we'll have people going to get x-rays  11 or see other providers that they've been referred  12 to.  13 <b>Q. What do you have to do to coordinate</b>  14 <b>with an outside facility for an appointment?</b>  15 A. We usually just try to give them a call,  16 see if there's any appointments available. We have  17 a unit coordinator also that's there through the  18 week that helps us a lot with that. We refer to her  19 a lot.  20 <b>Q. Is that Elizabeth Jimenez?</b>  21 A. Yes.  22 <b>Q. Do you arrange transport for inmates to</b>  23 <b>go to outside facilities?</b>  24 A. Usually Elizabeth does that. We try to  25 just coordinate through her to get everything</p>	<p style="text-align: right;">19</p> <p>1 scheduled appropriately. There's also a dentist  2 that comes out once a week so we're involved in that  3 a little bit just to make sure patients get down  4 there and fill out the paperwork they need.  5 <b>Q. All right. The charting you do, is that</b>  6 <b>done in CorEMR?</b>  7 A. Yes.  8 <b>Q. Is there anywhere else that you do</b>  9 <b>charting?</b>  10 A. No.  11 <b>Q. Any paper charts?</b>  12 A. No.  13 <b>Q. Paper files?</b>  14 A. No.  15 <b>Q. Paper medical records?</b>  16 A. No, not at that time, I don't believe  17 so. We've had CorEMR for a long time out there.  18 <b>Q. Do you have access to Spillman?</b>  19 A. I've got access to put entries in  20 through whatever password I've got and usually that  21 entails basically just dietary things, if I order  22 certain -- like a diabetic would have a diet  23 specific to them, vegetarian stuff, just to  24 coordinate with the kitchen. To put in actual  25 Spillman entries for inmates like the deputies do, I</p>
<p style="text-align: right;">20</p> <p>1 don't have access to that.  2 <b>Q. Do you look at entries that are put in</b>  3 <b>Spillman?</b>  4 A. Yeah, I believe so. I could.  5 <b>Q. You don't seem confident in that.</b>  6 A. Well, I don't deal in that much. I deal  7 with the medical aspect. If there's a medical  8 clearance I have to put in for somebody that like  9 comes in pregnant, they need a bottom bunk, a p.m.  10 snack, extra blanket, that's just normal procedure  11 to do that. I don't look through Spillman to check  12 on entries, no.  13 <b>Q. Okay. Does the jail have a manual that</b>  14 <b>they give to you that has policies or procedures?</b>  15 A. There's policies and procedures in  16 place. There's not a manual we're given. It's just  17 there at the nursing -- our part of it's there at  18 the nursing station.  19 <b>Q. Is it a booklet? Was it a --</b>  20 A. It's a big -- I believe now -- there's a  21 lot of policies and procedures.  22 <b>Q. Do you know what the booklet is called?</b>  23 A. No.  24 <b>Q. Is it a binder?</b>  25 A. It's a binder.</p>	<p style="text-align: right;">21</p> <p>1 <b>Q. And it's there at the nursing station?</b>  2 A. I believe so.  3 <b>Q. Okay. What is the nursing station?</b>  4 A. It's the medical area. There's an  5 office set apart where we have two exam rooms,  6 medical area to put the medication carts, keep them  7 locked up. There's a dental office that's included  8 in there with one of the exam rooms and there's an  9 office space where we've got computers where we can  10 bring people down, assess them, take care of their  11 needs.  12 <b>Q. Is there also a correctional officer</b>  13 <b>there with you?</b>  14 A. Yes.  15 <b>Q. Is there somebody assigned specifically</b>  16 <b>to be a correctional officer for the medical</b>  17 <b>department?</b>  18 A. No.  19 <b>Q. Let me go through and I want to try to</b>  20 <b>get an idea how your time is spent on a typical</b>  21 <b>shift. You mentioned 12 to 20 patients.</b>  22 A. Yeah. That put in a request on a daily  23 basis.  24 <b>Q. And that would be five to ten minutes?</b>  25 A. Yeah.</p>

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<p style="text-align: right;">22</p> <p>1 <b>Q. So that could be three and a half to</b>  2 <b>four hours in your day; is that right?</b>  3 A. Usually a little quicker than that  4 because most of the requests that come in they're  5 not that involved. It's like we're following up  6 checking blood pressures on patients that have  7 issues within those concerns, head colds, various  8 aspects of that. I would say a normal time to do  9 those kind of tasks is usually about two hours at  10 the most. But it will vary, too, it just depends on  11 what's been put in.  12 <b>Q. Okay. So two hours to maybe three</b>  13 <b>hours?</b>  14 A. Yeah, maybe.  15 <b>Q. And then the booking aspect of it, how</b>  16 <b>long does that take on a typical day?</b>  17 A. I'm in and out of there all day, so it  18 varies. I couldn't tell you. I don't know.  19 <b>Q. How long does it take typically to get</b>  20 <b>through one of those interviews?</b>  21 A. Usually about maybe two minutes.  22 <b>Q. Okay. But then you have to walk down</b>  23 <b>there, right?</b>  24 A. Yeah.  25 <b>Q. So there's time involved with that.</b></p>	<p style="text-align: right;">23</p> <p>1 A. It just takes a few seconds. The  2 medical office is just off of the area to go into  3 booking or right next to it.  4 <b>Q. Okay. So would ten minutes be a fair</b>  5 <b>estimate of the time you get the call to get down</b>  6 <b>there and do it?</b>  7 A. That would be fair. Probably five to  8 ten minutes. Sometimes I can't go right into  9 booking. I'm right in the middle of removing a  10 dressing or something else.  11 <b>Q. Sure. Okay. So that would be on a busy</b>  12 <b>day with 12 new bookings, that would be a couple of</b>  13 <b>hours. On other days it might not be any time at</b>  14 <b>all if there's no bookings.</b>  15 A. That's correct.  16 <b>Q. Okay. What else do you do. Charting?</b>  17 A. That pretty well takes care of my day.  18 <b>Q. That takes care of your day?</b>  19 A. Yeah. Charting. If there's any  20 emergencies at the jail we respond immediately.  21 There's altercations at times between inmates.  22 There will be times when an inmate has to be  23 restrained or moved from one area to the other that  24 they call medical there to make sure that's covered  25 if there's any injuries, anything going on medically</p>
<p style="text-align: right;">24</p> <p>1 that we can address it or at least be involved in  2 it.  3 <b>Q. It's important to have somebody on call</b>  4 <b>there with medical training then?</b>  5 A. Uh-huh.  6 <b>Q. Is that a yes?</b>  7 A. Yes.  8 <b>Q. Is the rest of the shift you're on call</b>  9 <b>or are you doing other activities?</b>  10 A. I'm making rounds through the blocks.  11 <b>Q. Making rounds?</b>  12 A. Usually contacting doctors, following up  13 on any other appointments. If Liz isn't there, then  14 we try to cover if there's anything come in on phone  15 calls from family members or whatever else.  16 <b>Q. Do you ever have any downtime?</b>  17 A. There is sometimes, yeah.  18 <b>Q. You hear stories of the residents in the</b>  19 <b>hospitals where they go sleep in a closet and then</b>  20 <b>they're constantly woken up. Is there times when</b>  21 <b>you're standing around waiting for the medical</b>  22 <b>people --</b>  23 A. No.  24 <b>Q. Are there times like that where you're</b>  25 <b>sleeping in the closet and you've go out and --</b></p>	<p style="text-align: right;">25</p> <p>1 A. No.  2 <b>Q. Are you a certified correctional</b>  3 <b>officer?</b>  4 A. No.  5 <b>Q. Have you been through POST training?</b>  6 A. No.  7 <b>Q. Do you have good relationships with the</b>  8 <b>correctional officers that are there?</b>  9 A. Yes.  10 <b>Q. How about Brett Lyman, did you know</b>  11 <b>Brett Lyman?</b>  12 A. Yes.  13 <b>Q. Deputy Dolgnar?</b>  14 A. Yes.  15 <b>Q. How would you describe your relationship</b>  16 <b>with Mr. Lyman?</b>  17 A. Good. Good working relationship.  18 <b>Q. Did you have a sense as to whether the</b>  19 <b>inmates liked Mr. Lyman?</b>  20 MR. MYLAR: Objection. Calls for a  21 mental impression and also lack of foundation and  22 also calls for speculation.  23 <b>Q. You can still answer if you know.</b>  24 MR. MYLAR: If you know.  25 A. No.</p>



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<p style="text-align: right;">26</p> <p>1 <b>Q. You don't know?</b></p> <p>2 A. No.</p> <p>3 <b>Q. Same question with Deputy Dolgnar?</b></p> <p>4 MR. MYLAR: Same objection. Calls for</p> <p>5 mental impression. Calls for speculation. He lacks</p> <p>6 personal knowledge of those interactions and there's</p> <p>7 no foundation.</p> <p>8 A. No, I don't.</p> <p>9 <b>Q. Are you aware of any staff who had</b></p> <p>10 <b>complaints about Mr. Lyman?</b></p> <p>11 A. No.</p> <p>12 <b>Q. Earlier you mentioned that there were</b></p> <p>13 <b>two people there who have training or who are</b></p> <p>14 <b>licensed to perform mental health.</b></p> <p>15 A. There are now. At that time I think it</p> <p>16 was just Jon Worlton.</p> <p>17 <b>Q. Now there's two.</b></p> <p>18 A. Now there's two, yeah.</p> <p>19 <b>Q. You don't know what Mr. Worlton's</b></p> <p>20 <b>training is, though?</b></p> <p>21 A. I couldn't tell you specifically. I</p> <p>22 know he's a licensed therapist but I don't know the</p> <p>23 proper terminology for it.</p> <p>24 <b>Q. What is his relation to you and the</b></p> <p>25 <b>medical department?</b></p>	<p style="text-align: right;">27</p> <p>1 A. He's my supervisor and he's also over --</p> <p>2 at that time he was over mental health for all of</p> <p>3 the patients.</p> <p>4 <b>Q. Is he no longer over mental health?</b></p> <p>5 A. He still is, yeah. He works now with</p> <p>6 another therapist to coordinate, split the work a</p> <p>7 little bit, the workload.</p> <p>8 <b>Q. I want to make sure that when we use the</b></p> <p>9 <b>term "mental health" that we're talking about the</b></p> <p>10 <b>same thing. What would you put under the umbrella</b></p> <p>11 <b>of mental health?</b></p> <p>12 A. Anyone that's on those kind of</p> <p>13 medications, that would come in with medications</p> <p>14 like for depression, anxiety, those kind of things,</p> <p>15 we refer them immediately. That's why we do the</p> <p>16 screening in prebooking. There's not a lot of</p> <p>17 facilities in this area to take care of the mentally</p> <p>18 ill so a lot of them come to jail. They either get</p> <p>19 trespassed or run into problems with the law and so</p> <p>20 we've tried to make sure that we address those</p> <p>21 issues for them. It's easier to manage them in jail</p> <p>22 if they're on their medications consistently.</p> <p>23 <b>Q. Is it just medications that triggers</b></p> <p>24 <b>that?</b></p> <p>25 A. Not necessarily. It depends. Jon, with</p>
<p style="text-align: right;">28</p> <p>1 what he does, he is constantly busy trying to make</p> <p>2 sure that the stress levels and things that are</p> <p>3 going on in the jail there are times when people get</p> <p>4 upset, agitated, anxious, they need to talk to</p> <p>5 somebody, that's the therapist's role in the jail to</p> <p>6 try to handle those and we coordinate back and</p> <p>7 forth. If there's something going on that we need</p> <p>8 to watch out for, not just when he's not there, then</p> <p>9 we can refer back to him.</p> <p>10 <b>Q. How often do you interact with</b></p> <p>11 <b>Mr. Worlton on a daily basis?</b></p> <p>12 A. Quite a bit. When he's there we're</p> <p>13 constantly taking care of everybody. I refer to him</p> <p>14 a lot with patients if there's any kind of issue I</p> <p>15 think he needs to be involved in.</p> <p>16 <b>Q. Okay.</b></p> <p>17 A. As my supervisor I also let him know if</p> <p>18 there's any kind of emergency that's happened,</p> <p>19 anything like that.</p> <p>20 <b>Q. How do you refer inmates to him?</b></p> <p>21 A. Usually -- well, it varies. There's a</p> <p>22 task list that we can submit to him over the</p> <p>23 computer. I talk to him personally about it.</p> <p>24 <b>Q. Okay. Those are two separate ways to --</b></p> <p>25 A. Those are a couple. Sometimes we call</p>	<p style="text-align: right;">29</p> <p>1 him on the phone if he's not there.</p> <p>2 <b>Q. Okay.</b></p> <p>3 A. He's available to us on call.</p> <p>4 <b>Q. So the task list would be in CorEMR?</b></p> <p>5 A. Yes.</p> <p>6 <b>Q. And then you see him several times</b></p> <p>7 <b>throughout the day as well --</b></p> <p>8 A. Yes.</p> <p>9 <b>Q. -- so you can verbally tell him,</b></p> <p>10 <b>"There's an inmate here that needs your attention."</b></p> <p>11 A. Yes.</p> <p>12 <b>Q. Is there any way to follow up with him</b></p> <p>13 <b>to find out if he has met with the inmate?</b></p> <p>14 A. I'm typically busy enough that if I</p> <p>15 refer to him he'll let me know if there's anything</p> <p>16 else he needs me to do on my end of that, but not</p> <p>17 typically, I don't follow up on what he does.</p> <p>18 <b>Q. Is there a way for him to enter in</b></p> <p>19 <b>CorEMR if he's done that?</b></p> <p>20 A. Yes. We all have access to the medical</p> <p>21 chart for each patient, so notes from medical and</p> <p>22 mental health people are all entered in there.</p> <p>23 <b>Q. Are you required to document every</b></p> <p>24 <b>meeting in CorEMR?</b></p> <p>25 A. Not required. It's a good practice and</p>

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<p style="text-align: right;">30</p> <p>1 we all try to do that but it depends on the day,  2 too, as far as how busy or if we can pass on to the  3 next shift verbally.  4 <b>Q. What type of information do you put into</b>  5 <b>CorEMR?</b>  6 A. Vital signs, anything that's going on  7 that I can see as far as objectively what's going  8 on. What they state a lot of times will go into the  9 record, the subjective information. We need that as  10 much as to objective to determine what's going on  11 with them, whether they're having pain or any kind  12 of medical issue.  13 <b>Q. Why is that important?</b>  14 A. It just makes the record complete. We  15 get both their end of it and then objective and then  16 a lot of times it's referred to the doctor or to  17 Jon.  18 <b>Q. As far as your responsibilities in</b>  19 <b>nursing, do you feel it's important to get medical</b>  20 <b>history from people?</b>  21 A. That's the reason we do the intakes,  22 yeah. We try to in that little break of time we try  23 to get that. Sometimes they're pretty compliant  24 with that, sometimes they're not. Sometimes they  25 say, "Aw, leave me alone. I don't want to talk to</p>	<p style="text-align: right;">31</p> <p>1 you." Later they'll have issues come up that they  2 can put in as a request.  3 <b>Q. Okay. Is that the booking process that</b>  4 <b>you're talking about?</b>  5 A. Yes.  6 <b>Q. Does that get included into Spillman or</b>  7 <b>into CorEMR?</b>  8 A. CorEMR.  9 <b>Q. When you meet with an inmate in the exam</b>  10 <b>room, do you have access to the CorEMR records to</b>  11 <b>look at?</b>  12 A. Yes.  13 <b>Q. Is that your practice to look at CorEMR</b>  14 <b>records?</b>  15 A. Yes.  16 <b>Q. If you had to go out to a cell to visit</b>  17 <b>with an inmate, do you have access to the CorEMR</b>  18 <b>records in the cell?</b>  19 A. I usually write everything down on like  20 a pad or whatever. Most of the time, if they've got  21 a medical issue, we bring them to medical because  22 with HIPAA regulations it's more of a private area.  23 We don't talk about anything out in the corridors or  24 the cell blocks. That's just regulation. That's  25 the law.</p>
<p style="text-align: right;">32</p> <p>1 <b>Q. Is there ever a situation where you meet</b>  2 <b>with an inmate out in the corridor or in the cell</b>  3 <b>block?</b>  4 A. On occasion, yeah. If they get pulled  5 out from the cell block in their interaction with  6 the deputy, sometimes they'll have us come down,  7 say, "Hey, this guy is not acting right or this guy  8 is having problems. Can you come down to see if we  9 need to move him or what we need to do with him."  10 So on occasion there is, yeah.  11 <b>Q. What training do you have in regard to</b>  12 <b>recognizing brain injuries?</b>  13 A. As an RN. Just what I've been through  14 at school and through experience.  15 <b>Q. What would you list off as the things</b>  16 <b>you're looking for to identify brain injury?</b>  17 A. There's neuro checks, neurological  18 assessment. Usually check their eyes, their  19 movement, their speech, their cognitive, whether  20 they're processing, either slow or fast, or if  21 they're having some kind of a manic episode. We  22 check their grips. With neurological assessment you  23 go kind of head to toe. Have them stick their  24 tongue out, wiggle it back and forth, check their  25 eyes, see if they're dilated, pinpoints, if they can</p>	<p style="text-align: right;">33</p> <p>1 move their eyes, track with their eyes, if they can  2 answer questions, if they can speak clearly enough.  3 Those are all assessment tools to do that with.  4 <b>Q. Okay. And what are the different causes</b>  5 <b>of a brain injury?</b>  6 MR. MYLAR: Objection. Lack of  7 foundation. You can go ahead and answer.  8 A. Trauma. There's multiple things that  9 can cause brain injury.  10 <b>Q. I'm making you do the work. I'll list</b>  11 <b>them off for you, how's that?</b>  12 A. Okay.  13 <b>Q. Is trauma a cause of brain injury?</b>  14 A. Yes.  15 <b>Q. Heart attack?</b>  16 A. Yes.  17 <b>Q. Stroke?</b>  18 A. Yes. Can be.  19 <b>Q. Kidney disease?</b>  20 A. Can be.  21 <b>Q. Liver issues?</b>  22 A. I don't know on that one.  23 <b>Q. Infection?</b>  24 A. Can be.  25 <b>Q. Alcohol withdrawal?</b></p>

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<p>34</p> <p>1 A. Yes.</p> <p>2 <b>Q. Drug withdrawal?</b></p> <p>3 A. Yes.</p> <p>4 <b>Q. Encephalopathy, that's not really the</b></p> <p>5 <b>cause of brain injury. That's more a description of</b></p> <p>6 <b>what's happening with the brain, am I right on that?</b></p> <p>7 A. I believe so, yes.</p> <p>8 <b>Q. There's swelling in the brain?</b></p> <p>9 A. Yes.</p> <p>10 <b>Q. Encephalitis?</b></p> <p>11 A. I'm not sure. I'd have to look it up.</p> <p>12 <b>Q. When you do a neurological assessment</b></p> <p>13 <b>you mentioned asking questions --</b></p> <p>14 A. Uh-huh.</p> <p>15 <b>Q. -- about where they are.</b></p> <p>16 A. Where they are, if they know what day it</p> <p>17 is, if they know what time it is.</p> <p>18 <b>Q. What they've done.</b></p> <p>19 A. What they've done. What kind of job if</p> <p>20 they've been working. You ask multiple, their</p> <p>21 family members, where they live.</p> <p>22 <b>Q. When you look at their eyes, what are</b></p> <p>23 <b>you looking for there?</b></p> <p>24 A. You're looking to see if it's reactive</p> <p>25 to light. That's the first thing we do is use a</p>	<p>35</p> <p>1 flashlight to see if they're dilated to the point</p> <p>2 where they stay fixed. We try to do the tracking,</p> <p>3 have them move, just follow my finger as I go up and</p> <p>4 down or side to side, make sure they're making eye</p> <p>5 contact with me or if they drift off.</p> <p>6 <b>Q. You talked about processing. That would</b></p> <p>7 <b>be like if you asked them a question and they lose</b></p> <p>8 <b>track of their train of thought or --</b></p> <p>9 A. Or it's like a word salad where they</p> <p>10 don't make any sense with the answer.</p> <p>11 <b>Q. Speech is either slurred or slow?</b></p> <p>12 A. Yes.</p> <p>13 <b>Q. Manic, you're referring to their mood or</b></p> <p>14 <b>affect on that?</b></p> <p>15 A. Mood and affect does play into that,</p> <p>16 too.</p> <p>17 <b>Q. What do you mean by manic?</b></p> <p>18 A. Well, I mean like if they are very</p> <p>19 agitated, upset over something that's not that big</p> <p>20 of an issue. Sometimes they will get carried into</p> <p>21 an extreme state where they go off on it. That's</p> <p>22 usually when a deputy is then pulled out to talk to</p> <p>23 them, try to calm them down, de-escalate them.</p> <p>24 <b>Q. All right. If you have a patient who is</b></p> <p>25 <b>exhibiting several symptoms or signs of a brain</b></p>
<p>36</p> <p>1 <b>injury, what are the criteria that you look at to</b></p> <p>2 <b>determine whether they should be hospitalized?</b></p> <p>3 A. Usually we take them up to medical</p> <p>4 observation, get them out of the area they're in.</p> <p>5 We do vital signs, we do neuro checks, like I</p> <p>6 mentioned, call the doctor, let him know what those</p> <p>7 are, tell him what we're seeing. From there we wait</p> <p>8 for a doctor's order to see if they want to send</p> <p>9 them or if they want to keep them and observe them</p> <p>10 for a while.</p> <p>11 <b>Q. You say a while. How long are we</b></p> <p>12 <b>talking about?</b></p> <p>13 A. It depends on the doctor. Depends on</p> <p>14 what he would give us as feedback. Sometimes he'll</p> <p>15 say, "Well, go ahead and send them and get them</p> <p>16 evaluated immediately." Other times it will be,</p> <p>17 "Just keep them under observation. Let's do vital</p> <p>18 signs, make sure -- see if they come out of it."</p> <p>19 <b>Q. Is it ever your call to determine</b></p> <p>20 <b>whether they go to emergency?</b></p> <p>21 A. No. I always check with the doctor.</p> <p>22 <b>Q. If the doctor doesn't order it, then</b></p> <p>23 <b>they stay in observation?</b></p> <p>24 A. Yes, most of the time.</p> <p>25 <b>Q. As far as treatment for brain injuries,</b></p>	<p>37</p> <p>1 <b>are you guys equipped at Purgatory jail to treat</b></p> <p>2 <b>people with brain injuries?</b></p> <p>3 A. What do you mean by treatment?</p> <p>4 <b>Q. Well --</b></p> <p>5 A. Could you clarify that?</p> <p>6 <b>Q. Sure. Can you draw blood and do blood</b></p> <p>7 <b>counts?</b></p> <p>8 A. If we're ordered to do so, yes.</p> <p>9 <b>Q. But only if you're ordered.</b></p> <p>10 A. Yes.</p> <p>11 <b>Q. Can you do MRI imaging?</b></p> <p>12 A. No.</p> <p>13 <b>Q. CAT scan?</b></p> <p>14 A. No.</p> <p>15 <b>Q. Can you do intravenous medication?</b></p> <p>16 A. If it's ordered by the doctor. We have</p> <p>17 supplies to do that if we need to.</p> <p>18 <b>Q. If you do a blood panel, is that</b></p> <p>19 <b>processed there onsite?</b></p> <p>20 A. No. We send it out.</p> <p>21 <b>Q. How long does it take to get that back?</b></p> <p>22 A. Usually a day. Depending on what's</p> <p>23 ordered.</p> <p>24 <b>Q. If somebody is exhibiting signs of a</b></p> <p>25 <b>brain injury, is that an issue where timing is of</b></p>



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<p style="text-align: right;">38</p> <p><b>1 the essence for inmates?</b></p> <p><b>2</b> A. It can be. Depends on the severity.</p> <p><b>3 Q. And how do you determine severity?</b></p> <p><b>4</b> A. Do all the assessments I just mentioned,</p> <p><b>5</b> get it off to the doctor immediately, call him and</p> <p><b>6</b> make sure he's aware of what's going on.</p> <p><b>7 Q. In the 14 years you've been there, how</b></p> <p><b>8 many times have you sent somebody off to the</b></p> <p><b>9 emergency room because of a brain injury?</b></p> <p><b>10</b> A. That's hard to say. Specific to a brain</p> <p><b>11</b> injury -- we've had concussions that have been</p> <p><b>12</b> diagnosed and we've sent them off. It has to do</p> <p><b>13</b> with a doctor's order. If the doctor orders us to</p> <p><b>14</b> send them, we send them.</p> <p><b>15 Q. Do you guys follow any specific criteria</b></p> <p><b>16 for determining the severity of a brain injury?</b></p> <p><b>17</b> A. Could you clarify that? I'm not sure</p> <p><b>18</b> what you're asking.</p> <p><b>19 Q. Are there any guides or written</b></p> <p><b>20 policies --</b></p> <p><b>21</b> A. Not that I'm aware of.</p> <p><b>22 Q. -- where you give a score or numerical</b></p> <p><b>23 value to the severity of a brain injury?</b></p> <p><b>24</b> A. There's a few scores we can use like a</p> <p><b>25</b> Glasgow Coma Scale and just -- like I say, when we</p>	<p style="text-align: right;">39</p> <p><b>1</b> call the doc he'll tell us to check them that way or</p> <p><b>2</b> make sure what's going on here. A lot times we send</p> <p><b>3</b> them.</p> <p><b>4 Q. If you call a doctor, is that recorded</b></p> <p><b>5 in CorEMR?</b></p> <p><b>6</b> A. Do you mean recorded like we chart it in</p> <p><b>7</b> CorEMR?</p> <p><b>8 Q. Yes.</b></p> <p><b>9</b> A. I do, yes.</p> <p><b>10 Q. When the doctor's orders come back is</b></p> <p><b>11 that also charted in CorEMR?</b></p> <p><b>12</b> A. Yes.</p> <p><b>13 Q. How long does it take Dr. Larowe to</b></p> <p><b>14 respond, typically?</b></p> <p><b>15</b> A. He's usually pretty quick. We call</p> <p><b>16</b> him -- like I say, we've got access to them 24-7 or</p> <p><b>17</b> whoever he designates is on call and we're able to</p> <p><b>18</b> call him directly.</p> <p><b>19 Q. Is there ever a circumstance where you</b></p> <p><b>20 suspect somebody may have a brain injury but you do</b></p> <p><b>21 not call Dr. Larowe?</b></p> <p><b>22</b> A. No.</p> <p><b>23 Q. Your practice is to always call</b></p> <p><b>24 Dr. Larowe.</b></p> <p><b>25</b> A. Yes.</p>
<p style="text-align: right;">40</p> <p><b>1 Q. Is that because brain injuries are</b></p> <p><b>2 serious?</b></p> <p><b>3</b> A. Brain injuries are serious, yeah.</p> <p><b>4 Q. And time is of the essence in treating</b></p> <p><b>5 them, right?</b></p> <p><b>6</b> A. Can be, yes.</p> <p><b>7 Q. Can be, what do you mean by that?</b></p> <p><b>8</b> A. I just mean depending on -- I don't</p> <p><b>9</b> diagnose. I'm not -- that's not my field. The</p> <p><b>10</b> doctor diagnoses. I just assess and I pass that</p> <p><b>11</b> information on.</p> <p><b>12 Q. Okay. I'm going to switch here a little</b></p> <p><b>13 bit to alcohol withdrawal.</b></p> <p><b>14</b> A. Okay.</p> <p><b>15 Q. What do you do to assess whether someone</b></p> <p><b>16 is suffering from alcohol withdrawal?</b></p> <p><b>17</b> A. Cognitive is important, neurological, if</p> <p><b>18</b> they can ambulate, eat, talk without having any</p> <p><b>19</b> problems. Vital signs are important. Heart rate is</p> <p><b>20</b> very important. Shakes, a lot of times they'll have</p> <p><b>21</b> symptoms of shakes, especially with alcoholics, so</p> <p><b>22</b> we try to watch those carefully.</p> <p><b>23 Q. Heart rate, what does heart rate tell</b></p> <p><b>24 you?</b></p> <p><b>25</b> A. If it's elevated, it's usually -- they</p>	<p style="text-align: right;">41</p> <p><b>1</b> can be symptomatic of a patient having either a</p> <p><b>2</b> seizure. And most of the time with alcohol, DTs or</p> <p><b>3</b> delirium tremens, that's the main thing we worry</p> <p><b>4</b> about is a seizure.</p> <p><b>5 Q. Delirium tremens, is that when they have</b></p> <p><b>6 the shakes?</b></p> <p><b>7</b> A. At times, yeah. Not always.</p> <p><b>8 Q. If you had delirium tremens and elevated</b></p> <p><b>9 heart rate then you're at risk for seizure?</b></p> <p><b>10</b> A. That's the risk they have, yeah. It can</p> <p><b>11</b> be risk for it.</p> <p><b>12 Q. As far as other symptoms of delirium</b></p> <p><b>13 tremens, how do you know if someone is having that?</b></p> <p><b>14</b> A. You monitor their vital signs, their</p> <p><b>15</b> cognitive. Like I say, if they can eat, ambulate,</p> <p><b>16</b> they usually have problems with that if they're</p> <p><b>17</b> having those issues.</p> <p><b>18 Q. Elevated blood pressure?</b></p> <p><b>19</b> A. Sometimes, yes.</p> <p><b>20 Q. Decrease in blood pressure?</b></p> <p><b>21</b> A. Can be, yeah.</p> <p><b>22 Q. Is it your understanding that alcohol</b></p> <p><b>23 withdrawals typically begin 48 to 72 hours after the</b></p> <p><b>24 person last had alcohol?</b></p> <p><b>25</b> A. They can have them quicker than that.</p>

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<p style="text-align: right;">42</p> <p>1 I've seen them have them quicker than that. Just</p> <p>2 depends. Depends on the person.</p> <p>3 <b>Q. Is it your understanding that the</b></p> <p>4 <b>symptoms of alcohol withdrawal typically peak within</b></p> <p>5 <b>24 to 36 hours?</b></p> <p>6 A. Most of the time.</p> <p>7 <b>Q. All right. I want to ask you about</b></p> <p>8 <b>Mr. Crowson. Do you have a memory of him?</b></p> <p>9 A. I didn't when this was first -- when I</p> <p>10 was first served. I had to go back and look at the</p> <p>11 documentation and see.</p> <p>12 <b>Q. What documentation did you look at?</b></p> <p>13 A. My notes.</p> <p>14 <b>Q. Those are notes in CorEMR?</b></p> <p>15 A. Uh-huh.</p> <p>16 <b>Q. Did you have any other notes?</b></p> <p>17 A. Pardon me?</p> <p>18 <b>Q. Do you have any other notes?</b></p> <p>19 A. No.</p> <p>20 <b>Q. Do you now recall Mr. Crowson?</b></p> <p>21 A. Somewhat, yeah. The name is familiar</p> <p>22 because he's been in and out of the jail a few</p> <p>23 times.</p> <p>24 <b>Q. Do you know what he looks like?</b></p> <p>25 A. No.</p>	<p style="text-align: right;">43</p> <p>1 <b>Q. You don't have a picture of him in your</b></p> <p>2 <b>mind?</b></p> <p>3 A. No.</p> <p>4 <b>Q. When was the last time you reviewed your</b></p> <p>5 <b>records?</b></p> <p>6 A. Last week.</p> <p>7 <b>Q. Have you reviewed any other documents in</b></p> <p>8 <b>preparation for your deposition?</b></p> <p>9 A. No.</p> <p>10 <b>Q. I'm looking at page 475. At the top it</b></p> <p>11 <b>says WCSO CorEMR, Crowson, Martin Richard.</b></p> <p>12 A. Yes, I recognize that.</p> <p>13 <b>Q. Across the top we've got booking number,</b></p> <p>14 <b>form name and another heading form item, item</b></p> <p>15 <b>response, interviewer and interview date. Do you</b></p> <p>16 <b>recognize these as the CorEMR records --</b></p> <p>17 A. Yes.</p> <p>18 <b>Q. -- for Mr. Crowson?</b></p> <p>19 A. Yes.</p> <p>20 <b>Q. The interviewer, is that the person who</b></p> <p>21 <b>makes the entry into CorEMR?</b></p> <p>22 A. Yes.</p> <p>23 <b>Q. Is there any way to change that after</b></p> <p>24 <b>the fact?</b></p> <p>25 A. Not to my knowledge.</p>
<p style="text-align: right;">44</p> <p>1 <b>Q. Once an entry has been made, can it be</b></p> <p>2 <b>edited?</b></p> <p>3 A. Not that I know of. I don't know.</p> <p>4 <b>Q. You've never edited anything there?</b></p> <p>5 A. No.</p> <p>6 <b>Q. If there's a change, you notice</b></p> <p>7 <b>something that needs to be recorded differently, do</b></p> <p>8 <b>you just do a separate entry?</b></p> <p>9 A. Yes.</p> <p>10 <b>Q. Okay. The interview date, is there any</b></p> <p>11 <b>way to change that date after it's been entered?</b></p> <p>12 A. Not that I'm aware of.</p> <p>13 <b>Q. Okay. I'm going to flip here to 481</b></p> <p>14 <b>where it starts with the booking number 136931. The</b></p> <p>15 <b>date on this is June 25, 2014 at 7:15 a.m. and</b></p> <p>16 <b>you're listed as the interviewer. Here in the item</b></p> <p>17 <b>response form it says, "Confused. Different affect</b></p> <p>18 <b>than is normally displayed."</b></p> <p>19 A. Okay.</p> <p>20 <b>Q. As you sit here right now, do you know</b></p> <p>21 <b>how you knew it was different than normal?</b></p> <p>22 A. From the deputies. When they report</p> <p>23 they say he's acting different than he normally</p> <p>24 does.</p> <p>25 <b>Q. I'll represent to you there are notes in</b></p>	<p style="text-align: right;">45</p> <p>1 <b>here that indicate that you had seen Mr. Crowson</b></p> <p>2 <b>during the other times when he had been in jail</b></p> <p>3 <b>earlier.</b></p> <p>4 A. Probably.</p> <p>5 <b>Q. Did you know enough about him to know</b></p> <p>6 <b>whether his affect was different?</b></p> <p>7 A. Could you clarify that? I'm not sure</p> <p>8 what you're asking.</p> <p>9 <b>Q. Sure. So what you're saying on June 25</b></p> <p>10 <b>2014, based on your prior answers did you know</b></p> <p>11 <b>enough about him to be able to determine</b></p> <p>12 <b>independently of the deputies whether or not his</b></p> <p>13 <b>affect was different?</b></p> <p>14 A. The way I remember Mr. Crowson after</p> <p>15 reviewing my notes was that he was pretty outgoing.</p> <p>16 When I saw him this day he was very quiet, confused,</p> <p>17 a little bit more dazed. That's what the deputies</p> <p>18 reported also.</p> <p>19 <b>Q. Did you have any particular feelings of</b></p> <p>20 <b>like or dislike toward Mr. Crowson?</b></p> <p>21 A. No.</p> <p>22 <b>Q. All right. You've got down here listed</b></p> <p>23 <b>on the next line, "Rationale for medical housing,"</b></p> <p>24 <b>and you put "Patient safety ET." What's ET?</b></p> <p>25 A. And.</p>

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<p style="text-align: right;">46</p> <p>1 Q. What does that stand for?</p> <p>2 A. And a-n-d.</p> <p>3 Q. "Patient safety and further eval with</p> <p>4 J. Worlton."</p> <p>5 A. Yes.</p> <p>6 Q. At that point you recognized that there</p> <p>7 was a mental health issue happening?</p> <p>8 A. There was some kind of issue happening.</p> <p>9 That's why I recommended him to Jon Worlton. Like</p> <p>10 the note says, he's acting a little bit different</p> <p>11 toward the deputies. And the way I remember</p> <p>12 Mr. Crowson, he was more outgoing, not quiet,</p> <p>13 reserved. Outgoing, interactive.</p> <p>14 Q. Okay. I want to skip down here to this</p> <p>15 line. "Booking staff," Q, does that stand for</p> <p>16 question?</p> <p>17 A. No. It stands for every.</p> <p>18 Q. "Booking staff every 30 minutes." That</p> <p>19 means you wanted them to look at him every 30</p> <p>20 minutes?</p> <p>21 A. They do cell checks every 30 minutes in</p> <p>22 booking on each individual.</p> <p>23 Q. Is this a detox cell we're referring to?</p> <p>24 A. It's every cell in booking. They check</p> <p>25 every 30 minutes.</p>	<p style="text-align: right;">47</p> <p>1 Q. Do you know if he was specifically put</p> <p>2 into the detox cell?</p> <p>3 A. I don't.</p> <p>4 Q. Okay. "Medical staff at shift."</p> <p>5 A. Every shift.</p> <p>6 Q. That means --</p> <p>7 A. At least once. Most of the time we're</p> <p>8 in and out of booking several times because of</p> <p>9 people that get brought in.</p> <p>10 Q. So medical staff is going to check on</p> <p>11 him at least twice a day.</p> <p>12 A. At least once a day. That's what this</p> <p>13 is indicating. At least once a shift, I should say.</p> <p>14 Q. So two shifts a day would be twice a</p> <p>15 day.</p> <p>16 A. Yes.</p> <p>17 Q. And then down here, "Collaboration with</p> <p>18 M.D. and HSA." What's HSA?</p> <p>19 A. I'm not sure what that is.</p> <p>20 Q. "Refer for further eval with SW."</p> <p>21 What's SW?</p> <p>22 A. Social worker, I believe.</p> <p>23 Q. Okay. So at that point you at least</p> <p>24 recognized there was an issue that needed to be</p> <p>25 dealt with?</p>
<p style="text-align: right;">48</p> <p>1 A. Yes.</p> <p>2 Q. Did you also recognize that it was an</p> <p>3 issue that was outside the scope of what you were</p> <p>4 comfortable doing on your own?</p> <p>5 A. Yes.</p> <p>6 Q. The entry on page 483 is for an earlier</p> <p>7 incarceration that's dated 12-28, 2011, and this one</p> <p>8 was for a detox observation.</p> <p>9 A. Okay.</p> <p>10 Q. You have a choice, don't you? You can</p> <p>11 put them in for detox observation or you can put</p> <p>12 them in for mental health observation?</p> <p>13 A. Yes.</p> <p>14 Q. And those are two separate things.</p> <p>15 A. Yes.</p> <p>16 Q. And on June 25, 2014, if you had thought</p> <p>17 it was detox, you could have put him in for detox</p> <p>18 observation, correct?</p> <p>19 A. Yes.</p> <p>20 Q. But you didn't. You put him in for</p> <p>21 mental health observation.</p> <p>22 A. That was my first exam.</p> <p>23 Q. All right. 487, right here in the</p> <p>24 middle of the page, do you recognize what type of</p> <p>25 entry that is in CorEMR? See this middle box right</p>	<p style="text-align: right;">49</p> <p>1 here? Do you recognize what type of entry that is?</p> <p>2 A. Looks like daily vital sign checks.</p> <p>3 Q. Down here in the middle there's a box</p> <p>4 priority 1 equals high, 5 equals low. What is the</p> <p>5 purpose of that box?</p> <p>6 A. Mostly tasks or things that we do or</p> <p>7 schedule for patients. Number 1 is just part of our</p> <p>8 daily routine, get them done. The reason we would</p> <p>9 use a 5 would be like a diabetic check. It happens</p> <p>10 periodically throughout the day. The top priority</p> <p>11 is to get the number 1s done while we're doing our</p> <p>12 task list.</p> <p>13 Q. So again we're speaking everything in</p> <p>14 the number 1 then.</p> <p>15 A. Pretty much, yeah. It's all priority.</p> <p>16 Q. Okay. As I look through these pages,</p> <p>17 497 to 500, I see that there is an appointment</p> <p>18 scheduled 6-28, one for 6-29, one for 6-30, and then</p> <p>19 July 1st. There wasn't one for 6-26, 6-27 or 7-31.</p> <p>20 Do you have an explanation why there weren't</p> <p>21 appointments scheduled for those three days?</p> <p>22 A. I don't know. I wasn't working.</p> <p>23 Q. What days were you working?</p> <p>24 A. I worked the 25th, the 28th, the 29th</p> <p>25 and the 30th.</p>

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<p style="text-align: right;">50</p> <p>1 Q. Okay. Do you know who was working the</p> <p>2 26th and 27th?</p> <p>3 A. No. I don't recall.</p> <p>4 Q. How about the 31st?</p> <p>5 MR. MYLAR: 31st of June?</p> <p>6 MR. SCHRIEVER: Of July. There isn't a</p> <p>7 31st of June, is there?</p> <p>8 MR. MYLAR: No.</p> <p>9 MR. SCHRIEVER: Thank you, Frank. I</p> <p>10 appreciate that.</p> <p>11 Q. We won't worry about the 31st then. You</p> <p>12 were off on the 26th?</p> <p>13 A. And the 27th.</p> <p>14 Q. And the 27th.</p> <p>15 A. Yes.</p> <p>16 Q. So whoever was on that day would have</p> <p>17 been responsible for Mr. Crowson, correct?</p> <p>18 A. Yes.</p> <p>19 Q. In booking for medical observation, do</p> <p>20 you know what their schedule is throughout the day?</p> <p>21 A. Can you repeat that?</p> <p>22 Q. Do you know what the schedule is for the</p> <p>23 inmates who are left in the booking cells for</p> <p>24 medical observation?</p> <p>25 A. Schedule with who, the deputies or --</p>	<p style="text-align: right;">51</p> <p>1 Q. Do they get out for meals with the</p> <p>2 general population?</p> <p>3 A. In booking?</p> <p>4 Q. Yes.</p> <p>5 A. No.</p> <p>6 Q. Do they get out to shower?</p> <p>7 A. Yes.</p> <p>8 Q. Shave?</p> <p>9 A. I assume they would, yeah.</p> <p>10 Q. Do they get out to the open area where</p> <p>11 they can go socialize?</p> <p>12 A. Not that I'm aware of.</p> <p>13 Q. In your review of the records, have you</p> <p>14 seen any indication that Mr. Crowson was visited by</p> <p>15 a jail nurse on June 26th or June 27th?</p> <p>16 A. I didn't do the work, so I don't know.</p> <p>17 Q. I'm asking about your review of the</p> <p>18 records. Have you seen anything that he was?</p> <p>19 MR. MYLAR: Objection. Lack of</p> <p>20 foundation.</p> <p>21 Q. You can answer yes or no if you've seen</p> <p>22 it.</p> <p>23 A. No. I don't know. When I'm not working</p> <p>24 there, I don't review nurses' notes. I take care of</p> <p>25 my own.</p>
<p style="text-align: right;">52</p> <p>1 Q. Okay. When you looked at the records</p> <p>2 here in CorEMR did you pull them up using</p> <p>3 Mr. Crowson's name or did you pull them up using</p> <p>4 entries that you made for that time period or a</p> <p>5 different way? How did you do it?</p> <p>6 A. Pulled them up using Mr. Crowson's name</p> <p>7 and I just looked at my own to review.</p> <p>8 Q. You didn't look at anything written by</p> <p>9 Mr. Borrowman or anyone else?</p> <p>10 A. No.</p> <p>11 Q. Are you familiar with the CIWA-AR</p> <p>12 standards for alcohol withdrawal symptoms?</p> <p>13 A. No.</p> <p>14 Q. Is that something you've learned about</p> <p>15 or discussed at National Correctional Nursing</p> <p>16 Association?</p> <p>17 A. I've heard of it and I've probably</p> <p>18 attended training on it before but I don't remember</p> <p>19 right now.</p> <p>20 Q. Nothing you recall?</p> <p>21 A. No.</p> <p>22 Q. Is that no?</p> <p>23 A. No.</p> <p>24 Q. That's the worst way to ask that</p> <p>25 question. Do you follow the CIWA-AR standards for</p>	<p style="text-align: right;">53</p> <p>1 rating alcohol withdrawal symptoms?</p> <p>2 A. We follow what we've been trained to do</p> <p>3 by Dr. Larowe in the jail. Right now I couldn't</p> <p>4 tell you what those are.</p> <p>5 Q. Okay. What do you do to rate the</p> <p>6 severity of alcohol withdrawal symptoms in jail as</p> <p>7 you've been trained?</p> <p>8 A. We do an initial assessment. We would</p> <p>9 take vital signs, we'll check neuros, we'll check if</p> <p>10 there's any signs or symptoms of delirium tremens,</p> <p>11 shakes, cognitive issues, anything that would seem</p> <p>12 to be abnormal.</p> <p>13 Q. Okay. I'm going to ask you some</p> <p>14 questions and I want you to tell me if that's the</p> <p>15 function of the nurse in the jail or if it's the</p> <p>16 function of someone, okay? I'm going to ask you</p> <p>17 questions specifically about evaluating potential</p> <p>18 brain injuries.</p> <p>19 First off, you'd agree if you're</p> <p>20 diagnosing a brain injury it would be a good idea to</p> <p>21 find out if a person is having headache or head</p> <p>22 pain, correct?</p> <p>23 MR. MYLAR: Objection. Lack of</p> <p>24 foundation. He's already testified he doesn't</p> <p>25 diagnose.</p>

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<p style="text-align: right;">54</p> <p>1 A. I don't diagnose. I do assessments.</p> <p>2 <b>Q. Okay. That's fair to use the right</b></p> <p>3 <b>words. When you're assessing someone -- well, let</b></p> <p>4 <b>me ask you this. Let me back up. As far as it</b></p> <p>5 <b>goes, the inmates are in prison. They don't have</b></p> <p>6 <b>the option to seek medical care from someone of</b></p> <p>7 <b>their own choosing. They rely on you to provide</b></p> <p>8 <b>that, right?</b></p> <p>9 A. Yes.</p> <p>10 <b>Q. Unless they happen to have their</b></p> <p>11 <b>emergent symptoms during the three hours that</b></p> <p>12 <b>Dr. Larowe is there during the week. You're their</b></p> <p>13 <b>guy, right?</b></p> <p>14 A. Or unless they don't want to be treated</p> <p>15 at all. They have that option. That's their right.</p> <p>16 A lot of inmates don't want us to have anything to</p> <p>17 do with them.</p> <p>18 <b>Q. Any indication in this case Mr. Crowson</b></p> <p>19 <b>was refusing or denying treatment?</b></p> <p>20 A. No.</p> <p>21 <b>Q. He was not making sense, right?</b></p> <p>22 A. I can't speak for anybody else that took</p> <p>23 care of him but not with me.</p> <p>24 <b>Q. When he was brought to your attention on</b></p> <p>25 <b>June 25, 2014 he wasn't making any sense, was he?</b></p>	<p style="text-align: right;">55</p> <p>1 A. No. He was dazed and confused.</p> <p>2 <b>Q. At that point you're his connection to</b></p> <p>3 <b>medical care.</b></p> <p>4 A. Yes.</p> <p>5 <b>Q. You're his only option, his only route.</b></p> <p>6 A. Yes.</p> <p>7 <b>Q. So if he's got a brain injury, it's</b></p> <p>8 <b>going to be important that if you get information</b></p> <p>9 <b>it's necessary to convey that to Dr. Larowe,</b></p> <p>10 <b>correct?</b></p> <p>11 MR. MYLAR: Objection. Incomplete</p> <p>12 hypothetical, facts that haven't been admitted into</p> <p>13 evidence.</p> <p>14 A. At that time I didn't know he had a</p> <p>15 brain injury.</p> <p>16 <b>Q. Right.</b></p> <p>17 A. I wasn't diagnosing him. I was</p> <p>18 assessing him. We didn't know what he was doing one</p> <p>19 way or the other.</p> <p>20 <b>Q. Right. But you recognize that you're</b></p> <p>21 <b>the only gateway he has to medical treatment in that</b></p> <p>22 <b>situation, right?</b></p> <p>23 A. Yes.</p> <p>24 <b>Q. So if you're not assessing him for brain</b></p> <p>25 <b>injury, who is?</b></p>
<p style="text-align: right;">56</p> <p>1 A. I was assessing for any abnormalities.</p> <p>2 I didn't go down there thinking that he had a brain</p> <p>3 injury. If I remember right per the documentation,</p> <p>4 Mr. Crowson was there two weeks prior to my seeing</p> <p>5 him.</p> <p>6 <b>Q. Yeah.</b></p> <p>7 A. So if he had any detox stuff that he was</p> <p>8 going through in intake, per se, he would have</p> <p>9 already been through that process and got cleared</p> <p>10 down to general population and he was in general</p> <p>11 population when I saw him so I wasn't assessing him</p> <p>12 specifically for brain injury. I was assessing him</p> <p>13 for any kind of abnormalities that might warrant</p> <p>14 taking him out of general population and putting him</p> <p>15 in med observation. That was my assessment.</p> <p>16 <b>Q. By abnormalities, what's your thought</b></p> <p>17 <b>process at that point?</b></p> <p>18 A. Any cognitive issues, unable to process.</p> <p>19 Depending on what the deputies are seeing because</p> <p>20 they deal with him more during day than medical does</p> <p>21 on a day-to-day basis, all of that is included in</p> <p>22 there.</p> <p>23 <b>Q. And you're referring to Jon Worlton</b></p> <p>24 <b>instead of Dr. Larowe. Why did you make that</b></p> <p>25 <b>decision?</b></p>	<p style="text-align: right;">57</p> <p>1 A. I referred him to both people.</p> <p>2 <b>Q. It says in the record you referred him</b></p> <p>3 <b>to Dr. Larowe.</b></p> <p>4 A. I referred him to Jon Worlton to start</p> <p>5 with because he's my supervisor and because that's</p> <p>6 the common practice to make sure he knows who's up</p> <p>7 in booking. If we didn't know Mr. Crowson had a</p> <p>8 mental health issue or a physiological issue,</p> <p>9 typically we do have Jon Worlton see anybody we have</p> <p>10 in booking to make sure there's not a mental health</p> <p>11 issue involved.</p> <p>12 <b>Q. You mean psychological issue.</b></p> <p>13 A. Or psychological issue, yes.</p> <p>14 <b>Q. Did you ask Mr. Crowson if he had a</b></p> <p>15 <b>headache?</b></p> <p>16 A. I don't recall. I'm sure I would have</p> <p>17 asked him in a typical assessment, "Do you have any</p> <p>18 pain? Are you hurting anywhere? Is there anything</p> <p>19 else going on with you?"</p> <p>20 <b>Q. And he wasn't able to respond to those</b></p> <p>21 <b>types of questions.</b></p> <p>22 A. The way I remember and the way I charted</p> <p>23 was that his cognitive wasn't totally alert and</p> <p>24 oriented to where he was at or what was going on</p> <p>25 around him. That's what the deputies noticed also</p>



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<p style="text-align: right;">58</p> <p>1 and that's why he was brought up to med observation.</p> <p>2 <b>Q. He wasn't able to follow simple</b></p> <p>3 <b>instructions, right?</b></p> <p>4 A. He was able to walk up the hallway to</p> <p>5 the booking area.</p> <p>6 <b>Q. Would it surprise you if earlier Deputy</b></p> <p>7 <b>Lyman had told him to come to breakfast and he</b></p> <p>8 <b>turned around and walked back upstairs?</b></p> <p>9 A. Would it have surprised me?</p> <p>10 <b>Q. Yeah. Based on what you knew. If he</b></p> <p>11 <b>wasn't able to follow that instruction.</b></p> <p>12 MR. MYLAR: Objection. Mischaracterizes</p> <p>13 the prior record and testimony in this case.</p> <p>14 A. I don't know.</p> <p>15 <b>Q. How about if someone brought him clothes</b></p> <p>16 <b>to get dressed and he put his underwear on his head,</b></p> <p>17 <b>would that surprise you?</b></p> <p>18 MR. MYLAR: Objection. Calls for</p> <p>19 speculation. Lack of foundation.</p> <p>20 A. I don't know what you're asking, would</p> <p>21 that surprise me.</p> <p>22 <b>Q. I'm asking was he able to follow simple</b></p> <p>23 <b>instructions?</b></p> <p>24 A. All I know is when I go the there and</p> <p>25 was assessing him, he was able to follow the</p>	<p style="text-align: right;">59</p> <p>1 instruction, "You're going to come down to booking.</p> <p>2 We're going to house you down there for a while so</p> <p>3 we can watch you, make sure you're okay."</p> <p>4 <b>Q. And he was dazed and confused.</b></p> <p>5 A. His cognitive was a little bit off,</p> <p>6 yeah.</p> <p>7 <b>Q. He wasn't able to say what he did for</b></p> <p>8 <b>work before he was arrested.</b></p> <p>9 A. I believe that was charted, yeah, that</p> <p>10 he wasn't able to remember what he did for work.</p> <p>11 <b>Q. And I'll represent to you that one of</b></p> <p>12 <b>the records of the deputies states that he gave him</b></p> <p>13 <b>clothes, told him to get dressed and he put his</b></p> <p>14 <b>underwear on his head. Would that surprise you if</b></p> <p>15 <b>he was unable to follow that simple instruction of</b></p> <p>16 <b>get dressed?</b></p> <p>17 MR. MYLAR: Objection. Mischaracterizes</p> <p>18 the evidence and lack of foundation.</p> <p>19 A. I didn't hear anything about that so I</p> <p>20 don't know.</p> <p>21 <b>Q. Okay. On June 25, 2014 did you take his</b></p> <p>22 <b>vital signs?</b></p> <p>23 A. Yes.</p> <p>24 <b>Q. And his blood pressure was within normal</b></p> <p>25 <b>range, correct?</b></p>
<p style="text-align: right;">60</p> <p>1 A. I'd have to see the chart. As I recall,</p> <p>2 his vital signs were up and down throughout that</p> <p>3 time period.</p> <p>4 <b>Q. Look at page 503. So we've got on</b></p> <p>5 <b>6-29-14 blood pressure 131/86, that's normal, right?</b></p> <p>6 A. That's within parameters, yeah.</p> <p>7 <b>Q. Pulse rate 55, that's also normal?</b></p> <p>8 A. That's a little low. The usual pulse</p> <p>9 runs between 60 to 100 is what we kind of go by.</p> <p>10 That's a little low.</p> <p>11 <b>Q. On 6-28, blood pressure of 153/140.</b></p> <p>12 A. Yes.</p> <p>13 <b>Q. The bottom number there is really out of</b></p> <p>14 <b>whack, right?</b></p> <p>15 A. Which bottom number? On the diastolic?</p> <p>16 <b>Q. Diastolic.</b></p> <p>17 A. It's elevated, yes.</p> <p>18 <b>Q. Systolic also a little bit high?</b></p> <p>19 A. Yeah.</p> <p>20 <b>Q. And sitting pulse rate is a little bit</b></p> <p>21 <b>high?</b></p> <p>22 A. Yes.</p> <p>23 <b>Q. Just outside normal range?</b></p> <p>24 A. Yes.</p> <p>25 <b>Q. And then the bottom one goes over onto</b></p>	<p style="text-align: right;">61</p> <p>1 <b>page 504 as well. This is 6-25.</b></p> <p>2 A. So this blood pressure here.</p> <p>3 <b>Q. Right. 125/78, that's normal?</b></p> <p>4 A. That's normal.</p> <p>5 <b>Q. That's the first day that you saw him.</b></p> <p>6 <b>Pulse rate of 58?</b></p> <p>7 A. Little low.</p> <p>8 <b>Q. Tiny bit low?</b></p> <p>9 A. Uh-huh.</p> <p>10 <b>Q. On that first day anything about the --</b></p> <p>11 <b>so 6-25, anything about the blood pressure or the</b></p> <p>12 <b>heart rate that caused alarm for you?</b></p> <p>13 A. 6-25?</p> <p>14 <b>Q. Yeah.</b></p> <p>15 A. Oh, right here.</p> <p>16 <b>Q. Yeah.</b></p> <p>17 A. Not really, no, normal blood pressure.</p> <p>18 The heart rate was a little low but, like I said 60</p> <p>19 to 100 is the typical parameter we use. Some people</p> <p>20 do run a little bit low on their heart rate. It</p> <p>21 varies throughout the day. Heart rate and blood</p> <p>22 pressure can vary throughout the day depending on</p> <p>23 what a person is doing or not doing or if they're</p> <p>24 stressed or anything else going on.</p> <p>25 <b>Q. At that point were you aware that</b></p>

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<p style="text-align: right;">62</p> <p>1 <b>Mr. Crowson had been in lockdown for at least seven</b>  2 <b>days?</b>  3 A. No.  4 MR. MYLAR: How much longer are you  5 going to go? I just wonder if we could take a  6 break.  7 (Recess.)  8 <b>Q. Before we went off the record we were</b>  9 <b>having a discussion about diagnosing or assessing</b>  10 <b>for brain injuries. In that policy or procedures</b>  11 <b>manual is there anything in there that says, "Hey,</b>  12 <b>if you get somebody with decreased mental status or</b>  13 <b>changed mental status you should go through this</b>  14 <b>list of evaluations to see if they have a brain</b>  15 <b>injury."</b>  16 A. Not that I'm aware of.  17 <b>Q. No policy at all.</b>  18 A. I don't know.  19 <b>Q. Okay. Have you ever been through any</b>  20 <b>training with Dr. Larowe where he said, "If you've</b>  21 <b>got a patient with changed mental status, I want you</b>  22 <b>to go through these criteria to determine if there's</b>  23 <b>a brain injury."</b>  24 A. No.  25 <b>Q. Ever had discussion with Dr. Larowe</b></p>	<p style="text-align: right;">63</p> <p>1 <b>anything about that?</b>  2 A. No.  3 <b>Q. In your training as a nurse, are you</b>  4 <b>trained to recognize the signs and symptoms of a</b>  5 <b>brain injury?</b>  6 A. I believe so, yes.  7 <b>Q. Why do you believe that?</b>  8 A. I've been trained as a nurse. Yeah, I  9 would say yes.  10 MR. MYLAR: Objection. Asked and  11 answered previously in the deposition.  12 <b>Q. I'm just trying to get back to this</b>  13 <b>discussion we were having about diagnosing or</b>  14 <b>assessing or evaluating. I want to make sure that</b>  15 <b>I'm using terms that fit within the scope of what</b>  16 <b>you do as a nurse.</b>  17 A. Okay.  18 <b>Q. If somebody presents to you with</b>  19 <b>decreased mentation or changed mental status, is</b>  20 <b>brain injury one of the things that comes into your</b>  21 <b>mind as a possibility?</b>  22 A. One of the things, yes.  23 <b>Q. What else comes into your mind?</b>  24 A. Stroke, ingested some kind of substance,  25 could be related to a UTI, that would cause</p>
<p style="text-align: right;">64</p> <p>1 confusion. There's probably half a dozen different  2 things that can add up to those kind of symptoms.  3 <b>Q. Do males get UTIs?</b>  4 A. Yes.  5 MR. MYLAR: Could we just for the record  6 say what UTI is.  7 <b>Q. Yeah.</b>  8 A. Urinary tract infection.  9 <b>Q. So you've got a list of things that come</b>  10 <b>into your mind as possible causes of this change in</b>  11 <b>mental status?</b>  12 A. Yes.  13 <b>Q. Is it part of your training to then go</b>  14 <b>about recommending ways of differentiating between</b>  15 <b>the things so that you know what you're dealing</b>  16 <b>with?</b>  17 A. Usually with an assessment like this at  18 the jail, we're looking at a broad spectrum. It  19 could be a urinary tract infection, it could be  20 brain damage, it could be a stroke, it could be  21 cardiac issues, it could be detoxing, they ingested  22 something down in the blocks which does happen on  23 occasion with inmates that he would be detoxing  24 from.  25 For one specific thing, no, I don't just</p>	<p style="text-align: right;">65</p> <p>1 focus on one specific thing. You have to look at  2 the whole picture and then observe them for a while,  3 do vital signs, do neuro checks more on a -- what am  4 I trying to say? Not just immediately say, "Oh,  5 this is a brain injury." You have to wait and see  6 how the patient does over a period of time and then  7 reassess as you go along to make sure what you're  8 looking at.  9 <b>Q. If somebody has encephalopathy and their</b>  10 <b>brain is swelling, how long should you let them sit</b>  11 <b>there for observation?</b>  12 A. To my knowledge, if somebody had  13 encephalopathy and their brain was swelling, their  14 vital signs would be really low or really high,  15 they'd be more extreme, that would be something that  16 we would immediately want to get out of the jail  17 into a facility to be diagnosed or assessed with.  18 <b>Q. Okay. In this particular case you know</b>  19 <b>that he was dazed and confused.</b>  20 A. Cognitive was off.  21 <b>Q. You also noted that his blood pressure</b>  22 <b>was normal and --</b>  23 A. It varied throughout -- even throughout  24 the day it varied.  25 <b>Q. And I'm speaking to June 25th.</b></p>



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<p style="text-align: right;">66</p> <p>1 A. Okay.</p> <p>2 <b>Q. So that one day it was within normal</b></p> <p>3 <b>range and his resting heart rate was a little low?</b></p> <p>4 A. Yes.</p> <p>5 <b>Q. Did you do anything else to assess him</b></p> <p>6 <b>on that day?</b></p> <p>7 A. Checked on him frequently through the</p> <p>8 day. The deputies were checking on him every 30</p> <p>9 minutes, making sure that he was responsive.</p> <p>10 <b>Q. They made sure he was responsive?</b></p> <p>11 A. Yes.</p> <p>12 <b>Q. Are they trained to determine whether or</b></p> <p>13 <b>not he's in cognitive decline?</b></p> <p>14 A. They're trained to notice if he doesn't</p> <p>15 respond or if he's not verbally responsive or if</p> <p>16 he's having respiratory issues. We try to go over</p> <p>17 with them, kind of get an idea how fast he's</p> <p>18 breathing. If he's breathing a little faster or a</p> <p>19 slower to what you would think he should be, then</p> <p>20 you let us know and we'll take care of it.</p> <p>21 <b>Q. If he had been unconscious, would he</b></p> <p>22 <b>have been sent to the emergency room?</b></p> <p>23 A. If he had been unresponsive, yes, he</p> <p>24 would have been sent to the emergency room.</p> <p>25 <b>Q. Is that the line then?</b></p>	<p style="text-align: right;">67</p> <p>1 A. It's not necessarily a line. It varies.</p> <p>2 There's a lot of reasons to send somebody to an</p> <p>3 emergency room. If they're bleeding out, if they've</p> <p>4 got a cognitive issue where they aren't responsive</p> <p>5 or we can't get them to respond we will attempt to</p> <p>6 before we send them out, of course. But then, if</p> <p>7 that's not happening, we'll call the doctor, the</p> <p>8 doctor will give us an order whether to send him out</p> <p>9 or not.</p> <p>10 <b>Q. Okay. And he wasn't bleeding out or</b></p> <p>11 <b>anything like that?</b></p> <p>12 A. No. So I try to stay away from -- all</p> <p>13 I'm trying to state is some symptoms of things that</p> <p>14 are within the possibility of the issues he was</p> <p>15 having but maybe more extreme. We find out sort of</p> <p>16 how you make those judgment calls as to when to call</p> <p>17 the doctor and what information to convey to the</p> <p>18 doctor. Does that make sense?</p> <p>19 <b>Q. Yes. So if he was unconscious and not</b></p> <p>20 <b>responsive, would you call the doctor first before</b></p> <p>21 <b>sending him to the emergency room?</b></p> <p>22 A. I would have tried to get him to respond</p> <p>23 first.</p> <p>24 <b>Q. Okay. You've also got access to the</b></p> <p>25 <b>sheriff's deputies there. Is there anything they</b></p>
<p style="text-align: right;">68</p> <p>1 <b>can do on an emergency basis to help out with,</b></p> <p>2 <b>hypothetically?</b></p> <p>3 A. If someone goes into a crisis like that,</p> <p>4 we do use the deputies to help us out, whether it's</p> <p>5 to roll them over, start CPR, do any of those things</p> <p>6 that would be entailed as far as emergency care.</p> <p>7 <b>Q. So the easy call is if somebody is not</b></p> <p>8 <b>breathing or not responsive, then that requires</b></p> <p>9 <b>immediate care.</b></p> <p>10 A. Yes.</p> <p>11 <b>Q. Is it a more difficult call if they're</b></p> <p>12 <b>dazed and confused?</b></p> <p>13 A. If he would have -- let me think how to</p> <p>14 word that. It is a difficult call because you have</p> <p>15 to observe more. You have to take vital signs, you</p> <p>16 have to monitor them and then give that information</p> <p>17 to the doctor so he could make a diagnosis.</p> <p>18 <b>Q. If a person is dazed and confused, is</b></p> <p>19 <b>that always a situation that requires a call to a</b></p> <p>20 <b>doctor?</b></p> <p>21 A. Not always. Sometimes we'll observe</p> <p>22 them and just see what happens to them and then call</p> <p>23 the doctor later.</p> <p>24 <b>Q. If they're dazed and confused for 24</b></p> <p>25 <b>hours, does that justify calling a doctor?</b></p>	<p style="text-align: right;">69</p> <p>1 A. It depends on who -- for me, I would</p> <p>2 call the doctor if he was that way for 24 hours,</p> <p>3 yes.</p> <p>4 <b>Q. Okay. I'm assuming that would be the</b></p> <p>5 <b>same answer for 48, 72, 86 and --</b></p> <p>6 A. Yes.</p> <p>7 <b>Q. Every day.</b></p> <p>8 A. Yes.</p> <p>9 <b>Q. Every new day that he's still dazed and</b></p> <p>10 <b>confused is another day that the doctor should be</b></p> <p>11 <b>called.</b></p> <p>12 A. Yes. Or made aware of the situation to</p> <p>13 see if we need to do further observation or further</p> <p>14 vital signs or whatever.</p> <p>15 <b>Q. Okay. If he's unable to follow simple</b></p> <p>16 <b>instructions like get dressed, that's another reason</b></p> <p>17 <b>that a doctor should be contacted, correct?</b></p> <p>18 A. Not necessarily. I'm not sure what</p> <p>19 you're asking me there.</p> <p>20 <b>Q. Okay. Well --</b></p> <p>21 A. Just because somebody doesn't want to</p> <p>22 get dressed doesn't mean I'm going to call the</p> <p>23 doctor.</p> <p>24 <b>Q. Hypothetically, if the deputy takes a</b></p> <p>25 <b>stack of clothes in to him and he says, "Get</b></p>

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<p style="text-align: right;">70</p> <p>1 dressed," and he puts his underwear on his head and</p> <p>2 it's not a joke, this is really what he did.</p> <p>3 A. In a jail there's a lot of times that</p> <p>4 can be a joke so we have to observe them for a</p> <p>5 while.</p> <p>6 Q. How many times would he have to put his</p> <p>7 underwear on his head?</p> <p>8 A. I'm not sure what you're trying to ask</p> <p>9 me.</p> <p>10 Q. Well, let me give you the -- I'll just</p> <p>11 represent to you this is my statement of the facts.</p> <p>12 A. Right.</p> <p>13 Q. So say you've got a deputy who calls him</p> <p>14 down for breakfast, he doesn't follow instructions.</p> <p>15 This is a deputy that doesn't necessarily like him</p> <p>16 but he sends him in to medical but he's concerned</p> <p>17 because he's acting differently. Then you observe</p> <p>18 him and you say, "Based on what the deputy told me,</p> <p>19 he's not acting normally."</p> <p>20 There's another deputy who puts in the</p> <p>21 system, "I gave him his clothes and he put his</p> <p>22 underwear on his head and he's not responding</p> <p>23 normally to questions." He's not able to put</p> <p>24 together more than a one-word answer and sometimes</p> <p>25 they don't make sense, those symptoms, day two does</p>	<p style="text-align: right;">71</p> <p>1 the doctor get called or day one?</p> <p>2 MR. MYLAR: Objection. Misstates facts</p> <p>3 in the record.</p> <p>4 A. I was not privy --</p> <p>5 MR. MYLAR: And let me also add lack of</p> <p>6 foundation as well in the objection.</p> <p>7 A. I was not privy to what the deputies</p> <p>8 were observing or not observing. When they called</p> <p>9 me they said he's acting differently than what he</p> <p>10 normally does. When I talked to him there were</p> <p>11 parts of his answers that didn't jibe. He couldn't</p> <p>12 remember what he was doing or what kind of work he</p> <p>13 was doing prior to coming to jail and so he was</p> <p>14 moved to medical observation and we observed him</p> <p>15 from there. I didn't take into account whether he</p> <p>16 was putting underwear on his head or not. I was</p> <p>17 just dealing with what was in front of me at that</p> <p>18 time.</p> <p>19 Q. You recognize the only way that</p> <p>20 information gets to Dr. Larrowe is if you convey it</p> <p>21 to him, right?</p> <p>22 A. Which information are we talking about?</p> <p>23 Q. Any of the information about Mr. Crowson</p> <p>24 at all.</p> <p>25 A. I wouldn't tell him about whether he's</p>
<p style="text-align: right;">72</p> <p>1 putting underwear on his head or not. I would tell</p> <p>2 him what I'm seeing or what I'm assessing, not what</p> <p>3 anybody else would say.</p> <p>4 Q. Okay. So you have access to the</p> <p>5 Spillman records. You have access to the deputies</p> <p>6 who talked to him. You spend a good part of your</p> <p>7 day --</p> <p>8 A. I don't use the Spillman records to put</p> <p>9 entries in. I don't review Spillman records.</p> <p>10 Q. Okay. But you could look at them if you</p> <p>11 wanted to.</p> <p>12 A. I wouldn't have any reason to.</p> <p>13 Q. You did communicate with the deputies in</p> <p>14 this case, right? Both Lyman and Dolgnar?</p> <p>15 A. Yes. When they called me down and said</p> <p>16 he's acting differently and seems to be confused and</p> <p>17 when I talked to him I agreed with that and we took</p> <p>18 him down to medical.</p> <p>19 Q. And you agreed that the only way that</p> <p>20 information gets to Dr. Larrowe is if you convey it</p> <p>21 to Dr. Larrowe somehow.</p> <p>22 A. We're usually the ones that call him for</p> <p>23 any kind of medical condition that a patient might</p> <p>24 be having.</p> <p>25 Q. No one else is going to call Dr. Larrowe</p>	<p style="text-align: right;">73</p> <p>1 on that, are they?</p> <p>2 A. It's usually gone through medical to get</p> <p>3 ahold of Dr. Larrowe.</p> <p>4 Q. And Mr. Crowson, assuming he was able,</p> <p>5 couldn't call Dr. Larrowe directly, could he?</p> <p>6 A. No.</p> <p>7 Q. When you were working at Dixie Regional</p> <p>8 Medical Center one of the important things you would</p> <p>9 do as a nurse is take medical history of a patient,</p> <p>10 right?</p> <p>11 A. Yes.</p> <p>12 Q. Hypothetically, you're in the emergency</p> <p>13 room and a patient comes in with a situation, an</p> <p>14 emergent situation. Do you take a new history of</p> <p>15 that patient or do you rely on a history that was</p> <p>16 given two weeks prior?</p> <p>17 MR. MYLAR: Objection. Lack of</p> <p>18 foundation. Also incomplete hypothetical and the</p> <p>19 hypothetical has no relationship to the facts in</p> <p>20 this case. Go ahead.</p> <p>21 A. And you understand this is in a jail</p> <p>22 setting. I didn't view this patient's intake when</p> <p>23 he came in two weeks prior so I don't know.</p> <p>24 Q. And on 6-25-14 you didn't look at his</p> <p>25 intake either, did you?</p>

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<p style="text-align: right;">74</p> <p>1 A. 6-25-14?</p> <p>2 <b>Q. Yeah.</b></p> <p>3 A. I don't recall if I did or not.</p> <p>4 <b>Q. Would that be your common practice to go</b></p> <p>5 <b>back and look at the intake to see if there was a</b></p> <p>6 <b>medical issue that was raised during the intake?</b></p> <p>7 A. Could be, yes. I don't recall if I did</p> <p>8 or not.</p> <p>9 <b>Q. How often do you do that?</b></p> <p>10 A. How often do I do what?</p> <p>11 <b>Q. Look back at the intake questions.</b></p> <p>12 A. On a daily basis. Most of the time.</p> <p>13 <b>Q. A high percentage of the time?</b></p> <p>14 A. What are you asking me?</p> <p>15 <b>Q. I mean --</b></p> <p>16 A. That's part of the assessment to look</p> <p>17 back and see, okay, when he came in, did he have any</p> <p>18 issues then and were they comparable to what he's</p> <p>19 doing now.</p> <p>20 <b>Q. Okay. So that's something you do</b></p> <p>21 <b>regularly then?</b></p> <p>22 A. Yes.</p> <p>23 <b>Q. All right. You don't know if that's</b></p> <p>24 <b>something you did in this case.</b></p> <p>25 A. I can't recall. I don't recall if I did</p>	<p style="text-align: right;">75</p> <p>1 or not.</p> <p>2 <b>Q. Looking at 478 to 479, and I'll mark</b></p> <p>3 <b>these here for easier reference for you, all of the</b></p> <p>4 <b>ones from 6-11-14. Go ahead and look through those.</b></p> <p>5 <b>The first question I'm going to ask you is whether</b></p> <p>6 <b>you recall looking at that information on 6-25-14.</b></p> <p>7 A. No, I don't recall looking at this.</p> <p>8 <b>Q. Anything in there you saw that would</b></p> <p>9 <b>cause you any alarm as to this inmate's condition at</b></p> <p>10 <b>the time that he was brought in on intake?</b></p> <p>11 A. No.</p> <p>12 <b>Q. They asked about neurological problems</b></p> <p>13 <b>and the response was "None of the above." Is that a</b></p> <p>14 <b>multiple choice question that they're given?</b></p> <p>15 A. I didn't do his intake so I can't tell</p> <p>16 you what was said one way or the other.</p> <p>17 <b>Q. Is it a standard form that's filled out</b></p> <p>18 <b>or a standard questionnaire?</b></p> <p>19 A. It's a form that we use but I didn't do</p> <p>20 his intake so I can't tell you what his neurological</p> <p>21 problems were then. I wasn't there.</p> <p>22 <b>Q. Okay. When you're doing an intake form</b></p> <p>23 <b>and the category is neurological problems, what are</b></p> <p>24 <b>the questions that are asked, that you ask of the</b></p> <p>25 <b>incoming inmate?</b></p>
<p style="text-align: right;">76</p> <p>1 A. Neurological is more of an assessment.</p> <p>2 I mean you can ask -- we do ask them on occasion,</p> <p>3 "Do you have any neurological problems?" Most of</p> <p>4 the inmates wouldn't even understand what that is.</p> <p>5 So, instead of that, in my case I usually ask or I</p> <p>6 usually assess them while they're talking. If</p> <p>7 they're able to be cognitive and talk to me and make</p> <p>8 sense, that's one neurological check.</p> <p>9 There's times when I'll ask them to grip</p> <p>10 my fingers. If there's any kind of suspicion that</p> <p>11 they might have deficits, I will go ahead and do</p> <p>12 that.</p> <p>13 <b>Q. If there is an issue that's raised, how</b></p> <p>14 <b>do you note that in your intake record?</b></p> <p>15 A. As I said, if the grips were equal or</p> <p>16 not equal, I'd write that in there.</p> <p>17 <b>Q. Okay.</b></p> <p>18 A. If they weren't able to talk to me and</p> <p>19 make sense, I'd write that in there.</p> <p>20 <b>Q. All right. Based on your understanding</b></p> <p>21 <b>of how the intake process works, "none of the above"</b></p> <p>22 <b>doesn't really make sense as an answer?</b></p> <p>23 A. I have no idea why that was put there.</p> <p>24 I didn't do the intake.</p> <p>25 <b>Q. Okay. How long does it take to enter</b></p>	<p style="text-align: right;">77</p> <p>1 <b>the information from the intake into CorEMR?</b></p> <p>2 A. A couple of minutes, two to five</p> <p>3 minutes, depending on what you need to put in. If</p> <p>4 there's more to put in, it would take a little bit</p> <p>5 longer on that.</p> <p>6 <b>Q. Look at page 533. I'll represent to you</b></p> <p>7 <b>that it's from Spillman. Are you familiar with this</b></p> <p>8 <b>type of an entry in Spillman?</b></p> <p>9 A. I don't put medical appointments in</p> <p>10 Spillman. Usually it's just medical clearances for</p> <p>11 whether they need a bottom bunk or a different type</p> <p>12 of dietary need.</p> <p>13 <b>Q. Have you seen any records of a medical</b></p> <p>14 <b>appointment Mr. Crowson had on June 14, 2014?</b></p> <p>15 A. No.</p> <p>16 <b>Q. I think that's page 501. I've marked</b></p> <p>17 <b>here along the side of this so you can see all of</b></p> <p>18 <b>the dates in June 25 through July 1st of 2014. The</b></p> <p>19 <b>last one is Ryan Borrowman's so I'm going to ask you</b></p> <p>20 <b>about these first ones.</b></p> <p>21 Here on June 25, 2005 -- excuse me, June</p> <p>22 25, 2014, the two entries there. The first one,</p> <p>23 "The patient was noted to be confused while serving</p> <p>24 breakfast." So that was a fact that you knew about,</p> <p>25 correct?</p>

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<p style="text-align: right;">78</p> <p>1 A. That's what I was told.</p> <p>2 <b>Q. You also knew that he had been</b></p> <p>3 <b>incarcerated two weeks?</b></p> <p>4 A. Uh-huh.</p> <p>5 <b>Q. You noted his blood pressure. What's</b></p> <p>6 <b>the R 20?</b></p> <p>7 A. Respiration.</p> <p>8 <b>Q. Twenty respirations per minute?</b></p> <p>9 A. Uh-huh. Yes.</p> <p>10 <b>Q. Afebrile, what does that mean?</b></p> <p>11 A. Means he wasn't running a temperature at</p> <p>12 the time.</p> <p>13 <b>Q. 02 sat 99 percent?</b></p> <p>14 A. That's his oxygen saturation. We</p> <p>15 register whenever we do vitals to see if they're</p> <p>16 getting enough oxygen out to their extremities.</p> <p>17 <b>Q. Is that normal?</b></p> <p>18 A. Yes, within normal range.</p> <p>19 <b>Q. Glucose was checked at 73.</b></p> <p>20 A. Yes.</p> <p>21 <b>Q. Is that to rule out some kind of</b></p> <p>22 <b>diabetic or hypoglycemic --</b></p> <p>23 A. Yes.</p> <p>24 <b>Q. Is 73 normal?</b></p> <p>25 A. Usually, if you get below 70, it's a</p>	<p style="text-align: right;">79</p> <p>1 parameter that we take a hard look at. Usually</p> <p>2 between 70 and 150 is kind of what we go by.</p> <p>3 <b>Q. Okay. Patient was able to verbalize his</b></p> <p>4 <b>name?</b></p> <p>5 A. Yes.</p> <p>6 <b>Q. He was able to spell his last name?</b></p> <p>7 A. Yes.</p> <p>8 <b>Q. He was unable to remember what kind of</b></p> <p>9 <b>work he did prior to being arrested?</b></p> <p>10 A. Yes. That's what he said.</p> <p>11 <b>Q. And you note here that Deputy Lyman and</b></p> <p>12 <b>Dolgnar told you that his affect was different.</b></p> <p>13 A. Yes.</p> <p>14 <b>Q. Were you there when his breakfast tray</b></p> <p>15 <b>was given to him?</b></p> <p>16 A. Yes. I encouraged him to eat.</p> <p>17 <b>Q. And then you referred him to J. Worlton</b></p> <p>18 <b>for further evaluation.</b></p> <p>19 A. That is Jon Worlton, yeah.</p> <p>20 <b>Q. Down here is a separate entry but it's</b></p> <p>21 <b>the same date. "Patient's pupils dilated but</b></p> <p>22 <b>reactive to light."</b></p> <p>23 A. Yes.</p> <p>24 <b>Q. Why is there a separate entry there?</b></p> <p>25 A. I was probably checking on him in the</p>
<p style="text-align: right;">80</p> <p>1 afternoon. It was a different time.</p> <p>2 <b>Q. So the Bates stamp on the first one 7:13</b></p> <p>3 <b>a.m. and then a date stamp of 3:23 p.m. on the</b></p> <p>4 <b>second one. Any reason you did not do the vitals</b></p> <p>5 <b>again in the afternoon?</b></p> <p>6 A. Any reason not to?</p> <p>7 <b>Q. Or any reason to.</b></p> <p>8 A. He was alert and oriented. Otherwise, I</p> <p>9 would have done another vital sign check.</p> <p>10 <b>Q. So is it your testimony then that --</b></p> <p>11 A. I was doing the neuro check. This is</p> <p>12 part of the neuro check, so I was rechecking his</p> <p>13 neuros to make sure he was okay.</p> <p>14 <b>Q. Okay. Pupils dilated, is that normal or</b></p> <p>15 <b>abnormal?</b></p> <p>16 A. It depends on the light, too. If it</p> <p>17 reacts to light, he's under observation so we're</p> <p>18 watching him closely.</p> <p>19 <b>Q. Okay. And then you went off shift the</b></p> <p>20 <b>26th and 27th.</b></p> <p>21 A. Yes.</p> <p>22 <b>Q. And then there are no entries on those</b></p> <p>23 <b>days.</b></p> <p>24 A. Doesn't appear to be.</p> <p>25 <b>Q. You came back on the 28th.</b></p>	<p style="text-align: right;">81</p> <p>1 A. Yes.</p> <p>2 <b>Q. And noted that he was confused,</b></p> <p>3 <b>disoriented and only gave one-word answers to</b></p> <p>4 <b>questions.</b></p> <p>5 A. Uh-huh. Yes, I did.</p> <p>6 <b>Q. Was that the same or different than when</b></p> <p>7 <b>you saw him on June 25th?</b></p> <p>8 A. It was progressed more. At least he was</p> <p>9 making a little more sense with his answers to</p> <p>10 questions. It wasn't just one-word answers. He was</p> <p>11 able to spell his name. At that time his blood</p> <p>12 pressure was also elevated and I reported that to a</p> <p>13 doctor.</p> <p>14 <b>Q. Sent for chest x-ray to rule out any</b></p> <p>15 <b>lung issues.</b></p> <p>16 A. When the doc responded back to me he</p> <p>17 wanted to draw some blood, continue to monitor</p> <p>18 closely, order chest x-ray to rule out any lung</p> <p>19 issues. I attempted to draw blood on the patient</p> <p>20 but due to the scarring that he had on his arms and</p> <p>21 he just wouldn't hold still, so I kept a close eye</p> <p>22 on him and noted that he was continually confused</p> <p>23 and disorientation at the time.</p> <p>24 <b>Q. What other options did you have?</b></p> <p>25 A. What do you mean by other options?</p>



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<p style="text-align: right;">82</p> <p>1 <b>Q. Wouldn't you have sent him to the</b>  2 <b>emergency room at that point?</b>  3 A. Not without a doctor's order. I  4 reported back I believe it says here. His lung  5 sounds were good. He was doing okay breathing but  6 he wouldn't take any deep breaths. His vital signs  7 were actually better with his blood pressure. He  8 had an elevated heart rate still so we were  9 continuing to monitor him.  10 <b>Q. Now you're looking at the entry dated</b>  11 <b>June 20, 2014 at 4:24 p.m.</b>  12 A. That's correct. That's just before the  13 end of my shift.  14 <b>Q. At this point he's been under medical</b>  15 <b>observation for three days and you told him to</b>  16 <b>breathe deep and he said he would, but he didn't.</b>  17 A. No.  18 <b>Q. Why didn't you recommend that</b>  19 <b>Dr. Larowe send him to the emergency room at that</b>  20 <b>point?</b>  21 MR. MYLAR: I'm going to object as to  22 vagueness, recommend. I'm not sure what you mean by  23 that.  24 A. Yeah. Like I stated, it was the end of  25 the shift, it was close to the end of the shift. I</p>	<p style="text-align: right;">83</p> <p>1 probably gave report to the next nurse and that was  2 what we did.  3 <b>Q. If that was your kid, would you want him</b>  4 <b>to go to the hospital?</b>  5 MR. MYLAR: Objection. Incomplete  6 hypothetical. Calls for speculation.  7 A. We were continuing just to monitor him,  8 keep track of him at that time.  9 <b>Q. Okay. If that was your kid who has been</b>  10 <b>dazed and confused for three days you would send him</b>  11 <b>to the hospital, wouldn't you?</b>  12 MR. MYLAR: Objection. No foundation.  13 Calls for speculation and incomplete hypothetical.  14 A. I don't know if I would. I don't know.  15 <b>Q. If that was your wife who had been dazed</b>  16 <b>and confused for three days --</b>  17 A. If it was the same situation and he was  18 under medical care and in jail, I would trust them  19 to take care of him.  20 <b>Q. I'm not asking in jail. I'm asking</b>  21 <b>about real people outside of jail. If that was your</b>  22 <b>wife --</b>  23 A. This is a different situation than  24 outside of jail.  25 <b>Q. Why is it different?</b></p>
<p style="text-align: right;">84</p> <p>1 A. I'm not sure what you're getting at as  2 far as different.  3 <b>Q. I'm saying the fact of the matter is</b>  4 <b>inmates don't get the same care as people on the</b>  5 <b>outside, do they?</b>  6 MR. MYLAR: Objection. Argumentative.  7 MR. WIGHT: Go ahead.  8 A. Ask me the question again, please.  9 MR. MYLAR: Also object on vagueness.  10 A. I'm not sure what you're getting at.  11 <b>Q. If this was somebody that you knew and</b>  12 <b>cared about, you would not be satisfied with that</b>  13 <b>care.</b>  14 MR. MYLAR: Objection. Again incomplete  15 hypothetical. Calls for speculation.  16 A. Again, I don't know what you're trying  17 to ask me.  18 <b>Q. I'm asking you based on the symptoms.</b>  19 A. You said just a few minutes ago that  20 inmates don't get the same care. It's a different  21 setting in the jail. It's not different in the care  22 they get. It's just a different setting. We had  23 orders from the doc to observe this patient, make  24 sure if there was anything else going on and that's  25 what we were doing.</p>	<p style="text-align: right;">85</p> <p>1 <b>Q. And that's what you were doing?</b>  2 A. Yeah.  3 <b>Q. And the fact that he had been dazed and</b>  4 <b>confused for three days and couldn't follow a simple</b>  5 <b>instruction like take a deep breath, that didn't</b>  6 <b>cause any alarm bells to go off?</b>  7 MR. MYLAR: Objection. Lack of  8 foundation. We don't have knowledge of three days.  9 He's already admitted he's not there.  10 MR. SCHRIEVER: So this is the third  11 day. He was there on the third day.  12 A. I was there for my shift, yes, and  13 during my shift we were monitoring him. If he at  14 any time would have had more of an issue other than  15 just dazed and confused then, yes, if the doctor  16 would have ordered it we would have sent him out to  17 the ER. I can't answer for any of the other time  18 that I wasn't there.  19 <b>Q. And I'm not asking you to second guess</b>  20 <b>what the doctor did or did not order.</b>  21 A. I'm not saying I am. I'm just saying I  22 can only answer your questions according to what I  23 charted and what I was there for. Three days dazed  24 and confused, you're trying to lump that into a  25 whole three days that I wasn't there that whole</p>

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<p style="text-align: right;">86</p> <p>1 three days. I was only there for my shifts.</p> <p>2 <b>Q. So did it matter at all to you then</b></p> <p>3 <b>what's going on during the two days you weren't</b></p> <p>4 <b>there?</b></p> <p>5 A. I charted it and I reported it to the</p> <p>6 doctor.</p> <p>7 <b>Q. Okay. At that point are you making the</b></p> <p>8 <b>assumption that it hadn't been going on consistently</b></p> <p>9 <b>for --</b></p> <p>10 A. I'm not assuming anything.</p> <p>11 <b>Q. As a nurse who is charged with the</b></p> <p>12 <b>healthcare of that patient, shouldn't you be</b></p> <p>13 <b>assuming it's important to know whether he had been</b></p> <p>14 <b>dazed and confused for three solid days at that</b></p> <p>15 <b>point?</b></p> <p>16 MR. MYLAR: Objection. Lack of</p> <p>17 foundation.</p> <p>18 A. I'm still not sure what you're trying to</p> <p>19 ask me. You're trying to ask me to speculate. I</p> <p>20 can't speculate on the other time I wasn't there.</p> <p>21 <b>Q. Let me ask you this. Was it important</b></p> <p>22 <b>or was it not important to you -- it's not</b></p> <p>23 <b>speculating.</b></p> <p>24 A. In my mind --</p> <p>25 MR. MYLAR: Wait, wait, wait. Excuse</p>	<p style="text-align: right;">87</p> <p>1 me. I'm going to object on vagueness. I don't know</p> <p>2 what you're talking about.</p> <p>3 A. I don't either.</p> <p>4 <b>Q. Was it important to you to know that</b></p> <p>5 <b>he'd been dazed and confused for three days or was</b></p> <p>6 <b>that not important for you to know?</b></p> <p>7 MR. MYLAR: Objection. Assumes facts</p> <p>8 not in evidence.</p> <p>9 A. I don't understand what you're trying to</p> <p>10 ask me with that question.</p> <p>11 <b>Q. It's not a hard question. Was it</b></p> <p>12 <b>important or not?</b></p> <p>13 MR. MYLAR: Objection. Argumentative.</p> <p>14 It's a hard question because I don't understand what</p> <p>15 you're asking.</p> <p>16 A. I'm not sure what you're asking.</p> <p>17 <b>Q. As a nurse you'd agree that it's</b></p> <p>18 <b>important to know a person's medical history, right?</b></p> <p>19 A. As far as I can, right.</p> <p>20 <b>Q. If a person had been dazed and confused</b></p> <p>21 <b>for three days, it would be important for you to</b></p> <p>22 <b>know that, wouldn't it?</b></p> <p>23 MR. MYLAR: Objection. Calls for</p> <p>24 incomplete hypothetical and it calls for</p> <p>25 speculation.</p>
<p style="text-align: right;">88</p> <p>1 A. Again, I'm not sure what you're trying</p> <p>2 to get at. What's your question? I'm sorry.</p> <p>3 <b>Q. How many days would a person have to be</b></p> <p>4 <b>dazed and confused before it was important to you to</b></p> <p>5 <b>know that as a nurse?</b></p> <p>6 A. It was important to me to take good care</p> <p>7 of him every day that I saw him and I think my</p> <p>8 charting reflects that because a doctor was notified</p> <p>9 and we did keep him under observation, watched him</p> <p>10 closely. If he was, say, detoxing off something, if</p> <p>11 he had ingested something down in the block, which</p> <p>12 is a possibility, that's one of the things we were</p> <p>13 considering, then we would watch him over a period</p> <p>14 of a few days to try to let him -- not knowing any</p> <p>15 idea what he might have taken or not taken, we would</p> <p>16 observe him, watch him closely, watch his vital</p> <p>17 signs. He could be dazed and confused more than a</p> <p>18 couple or three days if he's detoxing off something.</p> <p>19 That does happen.</p> <p>20 <b>Q. By that point on the 28th you still</b></p> <p>21 <b>didn't think he was detoxing, did you?</b></p> <p>22 A. I had no idea whether if was detoxing or</p> <p>23 not. We were observing him. That's one of the</p> <p>24 possibilities we were considering.</p> <p>25 <b>Q. Are you aware of any guidelines that say</b></p>	<p style="text-align: right;">89</p> <p>1 <b>if a patient is put into a medical observation cell</b></p> <p>2 <b>under lock and key, 23 out of 24 hours a day, that</b></p> <p>3 <b>at some point you send them out to a hospital if</b></p> <p>4 <b>they're not improving?</b></p> <p>5 MR. MYLAR: Objection. Incomplete</p> <p>6 hypothetical. Lack of foundation and calls for</p> <p>7 speculation.</p> <p>8 A. I don't know of any guideline like that.</p> <p>9 <b>Q. At any point you did not send him out to</b></p> <p>10 <b>a hospital, right?</b></p> <p>11 A. At that point.</p> <p>12 <b>Q. Well, you didn't at any point. Ryan</b></p> <p>13 <b>Borrowman sent him to the hospital, right?</b></p> <p>14 A. Correct.</p> <p>15 <b>Q. And you never recommended to Dr. Larrowe</b></p> <p>16 <b>that he be sent out to a hospital?</b></p> <p>17 A. Dr. Larrowe was notified as charted and</p> <p>18 then we treated him per Dr. Larrowe's order.</p> <p>19 <b>Q. When you have those conversations with</b></p> <p>20 <b>Dr. Larrowe, Dr. Larrowe doesn't come out to the</b></p> <p>21 <b>jail to see the inmate, does he?</b></p> <p>22 A. He didn't that time, no.</p> <p>23 <b>Q. So the only information he has is what</b></p> <p>24 <b>you tell him.</b></p> <p>25 A. That's correct.</p>

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<p style="text-align: right;">90</p> <p>1 Q. So if there's a situation where the</p> <p>2 inmate should be sent to a hospital, the only way</p> <p>3 Dr. Larrowe is going to know that is if you tell</p> <p>4 him, right?</p> <p>5 MR. MYLAR: Objection. Incomplete</p> <p>6 hypothetical. Lack of foundation. Calls for</p> <p>7 speculation.</p> <p>8 A. I don't know what you're getting at.</p> <p>9 Q. How is it Dr. Larrowe sends them to a</p> <p>10 hospital unless you tell him?</p> <p>11 MR. MYLAR: Objection. Calls for a</p> <p>12 mental impression on Dr. Larrowe and calls for</p> <p>13 speculation and lack of foundation of my client.</p> <p>14 A. For the time I'm there that's the only</p> <p>15 time I can speak for. For the other two days or</p> <p>16 whatever when he was there, I can't talk for that.</p> <p>17 I don't know.</p> <p>18 Q. When you're there, the only way</p> <p>19 Dr. Larrowe would know whether to send a patient to</p> <p>20 a hospital is if you tell him, right?</p> <p>21 A. I don't tell Dr. Larrowe to send anybody</p> <p>22 to a hospital. I give him what we're observing and</p> <p>23 he makes that determination.</p> <p>24 Q. You never recall where you said to</p> <p>25 Dr. Larrowe, "Hey, I think this guy should go to a</p>	<p style="text-align: right;">91</p> <p>1 hospital." Am I understanding that correctly?</p> <p>2 A. There was never a call.</p> <p>3 Q. You've never had a call to Dr. Larrowe</p> <p>4 where you said, "Hey, I think we should send this</p> <p>5 guy to the hospital."</p> <p>6 A. If I thought at this point he needed to</p> <p>7 go, I would have given the information that I had to</p> <p>8 Dr. Larrowe and let him make that determination.</p> <p>9 Q. Would you have made a recommendation --</p> <p>10 let me back up. Is it within your ability to make a</p> <p>11 direct recommendation to Dr. Larrowe that he send an</p> <p>12 inmate to the emergency room?</p> <p>13 A. Within my ability?</p> <p>14 Q. Yes.</p> <p>15 A. That would mean I would diagnose the</p> <p>16 patient and I wouldn't diagnose the patient. I</p> <p>17 would just give him what I was observing and what</p> <p>18 information I had and let him determine that.</p> <p>19 Q. Is it within your ability to call</p> <p>20 Dr. Larrowe and recommend that you take a blood draw</p> <p>21 from the inmate?</p> <p>22 A. I would give him information that I'm</p> <p>23 seeing and let him determine if a blood draw was</p> <p>24 needed.</p> <p>25 Q. Would Dr. Larrowe ever ask you, "Hey,</p>
<p style="text-align: right;">92</p> <p>1 what do you think we should do in this situation?"</p> <p>2 A. Dr. Larrowe would ask me, "What else are</p> <p>3 you seeing? Is there anything else you can tell me</p> <p>4 about this patient that I need to know?"</p> <p>5 Q. Does Dr. Larrowe keep any, that you're</p> <p>6 aware of, notes or records of inmates outside of</p> <p>7 CorEMR?</p> <p>8 MR. MYLAR: I'm sorry, restate.</p> <p>9 Q. Are you aware whether Dr. Larrowe keeps</p> <p>10 any notes or records outside of CorEMR?</p> <p>11 A. I don't know.</p> <p>12 Q. Are you aware of whether Dr. Larrowe has</p> <p>13 remote access to CorEMR?</p> <p>14 A. I don't know.</p> <p>15 Q. Are you aware whether Dr. Larrowe has</p> <p>16 access to Spillman outside of the prison?</p> <p>17 A. I don't know.</p> <p>18 Q. Are you married?</p> <p>19 A. No.</p> <p>20 Q. Do you have children?</p> <p>21 A. Yes.</p> <p>22 Q. Earlier we were talking about -- I was</p> <p>23 asking you what you would do with your children and</p> <p>24 you explained to me --</p> <p>25 A. You were asking me what?</p>	<p style="text-align: right;">93</p> <p>1 Q. If you would send your children to the</p> <p>2 hospital under the same or similar fact pattern and</p> <p>3 you mentioned that it's different. Is it different</p> <p>4 because these people are incarcerated?</p> <p>5 A. No. What I meant by different is if my</p> <p>6 child was with me and was going through that, I</p> <p>7 would take him to get medical care. You're asking</p> <p>8 me as a nurse, when I'm in a jail taking care of a</p> <p>9 patient -- what I understand you're asking me is do</p> <p>10 you take good care of this patient? Do you do</p> <p>11 everything you can to make sure that everything is</p> <p>12 done so that if they need medical attention outside</p> <p>13 of the jail, they can get that. My answer to that</p> <p>14 is yes.</p> <p>15 Q. Okay.</p> <p>16 A. And in this instance I did everything I</p> <p>17 could and gave all the observations and all the</p> <p>18 information to Dr. Larrowe.</p> <p>19 Q. All right.</p> <p>20 A. At that time we continued to monitor the</p> <p>21 patient closely.</p> <p>22 Q. So if that was the situation with your</p> <p>23 children, you would take them to get medical care.</p> <p>24 MR. MYLAR: Objection. Similarity.</p> <p>25 Q. I'm trying to understand similarity.</p>



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<p style="text-align: right;">94</p> <p>1 A. I'm trying to understand yours, too.</p> <p>2 <b>Q. So the similarity you're seeing is that</b></p> <p>3 <b>you would want your children to have medical care</b></p> <p>4 <b>and you believe that Mr. Crowson was receiving</b></p> <p>5 <b>medical care, so that's the same thing.</b></p> <p>6 A. You're asking me if I had my child in</p> <p>7 this situation, would I take them to get medical</p> <p>8 care.</p> <p>9 <b>Q. That's the first question.</b></p> <p>10 A. Yes, I would.</p> <p>11 <b>Q. Okay.</b></p> <p>12 A. Mr. Crowson was getting medical</p> <p>13 attention in the jail with everything that we could</p> <p>14 provide. We had him under observation. That's as</p> <p>15 far as we were going right then per the doctor's</p> <p>16 order, monitor closely.</p> <p>17 <b>Q. And there's no guidelines to say how</b></p> <p>18 <b>many days you should monitor a person in those</b></p> <p>19 <b>situations.</b></p> <p>20 A. No.</p> <p>21 <b>Q. Have you discussed this case with Ryan</b></p> <p>22 <b>Borrowman in any way?</b></p> <p>23 A. No.</p> <p>24 <b>Q. Do you know what changed on July 1st</b></p> <p>25 <b>that someone decided to send him to the hospital?</b></p>	<p style="text-align: right;">95</p> <p>1 A. I wasn't there. No, I don't know.</p> <p>2 <b>Q. On June 2, 2014, a decision was made to</b></p> <p>3 <b>administer Mr. Crowson Ativan.</b></p> <p>4 A. Yes.</p> <p>5 <b>Q. What information did you give</b></p> <p>6 <b>Dr. Larrowe that caused him to prescribe Ativan?</b></p> <p>7 A. I'd have to see the note.</p> <p>8 <b>Q. 6-29.</b></p> <p>9 A. When I came in that morning it was</p> <p>10 charted that his heart rate was elevated again at</p> <p>11 140 and two noted DTs occurring. He was probably</p> <p>12 shaking, having some other issues as far as</p> <p>13 cognitive.</p> <p>14 <b>Q. DT meaning --</b></p> <p>15 A. Delirium tremens, sorry. And so at that</p> <p>16 time I called Dr. Larrowe and, like you said, we'd</p> <p>17 been observing him for several days -- not several</p> <p>18 but three or four and at that time Dr. Larrowe</p> <p>19 ordered that we give him Ativan 2 milligrams IM</p> <p>20 injection, intramuscular and start him on librium</p> <p>21 protocol. Continue to monitor patient closely and</p> <p>22 that patient tolerated the IM injection well. That</p> <p>23 was at 7:00 in the morning. Two hours later at 9:00</p> <p>24 heart rate was 72, his oxygen saturation was 98</p> <p>25 percent, which is all within normal. His heart rate</p>
<p style="text-align: right;">96</p> <p>1 is actually improved. His respirations are 20.</p> <p>2 Sleeping quietly at this time. No signs or symptoms</p> <p>3 of distress or discomfort noted.</p> <p>4 <b>Q. Okay. Isn't that an alcohol withdrawal</b></p> <p>5 <b>treatment?</b></p> <p>6 A. It's used for that, yeah.</p> <p>7 <b>Q. Is it used for other things?</b></p> <p>8 A. He could be coming off some other kind</p> <p>9 of substance, too. With a heart rate where it's</p> <p>10 been continuing moving back and forth for the last</p> <p>11 three or four days, sometimes we do follow that if</p> <p>12 we do get that kind of an order.</p> <p>13 <b>Q. Either alcohol or substance at that</b></p> <p>14 <b>point.</b></p> <p>15 A. That's what was assumed by Dr. Larrowe.</p> <p>16 <b>Q. When you first brought him in, you</b></p> <p>17 <b>didn't bring him in with the assumption he was</b></p> <p>18 <b>detoxing, right?</b></p> <p>19 A. We brought him in that it could be that</p> <p>20 he was detoxing, along with other things. We were</p> <p>21 trying to look at every aspect.</p> <p>22 <b>Q. But you were not aware at that point</b></p> <p>23 <b>that he had been in lockdown for at least a week.</b></p> <p>24 A. I had no reason for lockdown at all.</p> <p>25 <b>Q. However, on June 29th you were aware</b></p>	<p style="text-align: right;">97</p> <p>1 <b>that he had been under medical observation in what's</b></p> <p>2 <b>essentially lockdown for at least four days, right?</b></p> <p>3 A. Lockdown, you mean his time in booking?</p> <p>4 <b>Q. He's not out in the general population.</b></p> <p>5 <b>He doesn't have access to other people. He's in the</b></p> <p>6 <b>booking area in a cell 24 hours a day.</b></p> <p>7 A. Every 30 minutes there's a guard</p> <p>8 checking on him. Medical staff is in there</p> <p>9 periodically throughout the shift. He is fed. It</p> <p>10 would have been noted if he was not eating or not</p> <p>11 drinking. Those kind of things would have been</p> <p>12 noted.</p> <p>13 <b>Q. Where would he have gotten a substance?</b></p> <p>14 MR. MYLAR: Objection. Calls for</p> <p>15 speculation.</p> <p>16 A. I have no idea.</p> <p>17 <b>Q. Isn't it important before you start</b></p> <p>18 <b>medicating somebody for withdrawals to look for</b></p> <p>19 <b>substance.</b></p> <p>20 MR. MYLAR: Objection. Calls for</p> <p>21 speculation. Lack of foundation.</p> <p>22 A. If they're symptomatic with the</p> <p>23 information that we've had over a few days then we</p> <p>24 would submit that to the doctor and he orders that</p> <p>25 then, yeah, that's what we do.</p>

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<p style="text-align: right;">98</p> <p>1 <b>Q. Did you take a history to try to figure</b>  2 <b>out where he would have gotten a substance from when</b>  3 <b>he was in booking?</b>  4 A. History from where?  5 <b>Q. Let's start with him.</b>  6 A. He wasn't really answering a lot of  7 questions at that time cognitively wise. It does  8 occur at the jail at times where substances get  9 smuggled in and get down the block. It does happen.  10 That's one thing we were considering that might be  11 what he was going through.  12 <b>Q. What changed between 6-25 and 6-29 that</b>  13 <b>caused Dr. Larowe to think that it was withdrawals?</b>  14 MR. MYLAR: Objection. Calls for mental  15 impressions of Dr. Larowe and I also object on lack  16 of foundation per this witness.  17 <b>Q. Did you tell Dr. Larowe you thought it</b>  18 <b>was withdrawal symptoms?</b>  19 A. No.  20 <b>Q. Did you think it was withdrawal</b>  21 <b>symptoms?</b>  22 A. I considered it as far as maybe half a  23 dozen other different things.  24 <b>Q. Okay. So maybe not a full-fledged</b>  25 <b>diagnosis but that's at least your thinking along</b></p>	<p style="text-align: right;">99</p> <p>1 <b>the lines of diagnosis, right?</b>  2 MR. MYLAR: Objection. Lack of  3 foundation as to being able to diagnose.  4 A. As an RN I'm required to do critical  5 thinking to try to figure out what might be going  6 on. I don't diagnose. I just give information to  7 the doctor.  8 <b>Q. Would you agree that the way you view a</b>  9 <b>problem influences the way the doctor receives the</b>  10 <b>information?</b>  11 MR. MYLAR: Objection. Calls for mental  12 impression of the doctor. Also lack of foundation.  13 Also calls for speculation.  14 A. Again I'm not diagnosing. I'm giving  15 what information I can give the doctor so he can  16 diagnose what's going on.  17 <b>Q. Is there any room to disagree with</b>  18 <b>Dr. Larowe for you?</b>  19 MR. MYLAR: Objection. Calls again for  20 mental impression of Dr. Larowe. Also calls for  21 speculation and lack of foundation.  22 A. That's not my job to disagree with him.  23 <b>Q. In other words, if Dr. Larowe said,</b>  24 <b>"Let's put this guy on withdrawal protocol," you</b>  25 <b>would not think it your place to say, "But, Doctor,</b></p>
<p style="text-align: right;">100</p> <p>1 <b>he's been in lockdown for 11 days and the only</b>  2 <b>people he had access to are prison guards."</b>  3 A. I wasn't aware he was in lockdown for 11  4 days. All I know is from the time he came into my  5 care to when he wasn't in my care. That was a span  6 of four days, three or four days.  7 <b>Q. All right. You wouldn't think it your</b>  8 <b>place to say, "I don't think this is alcohol</b>  9 <b>withdrawal or drug withdrawal," to Dr. Larowe.</b>  10 A. No, I wouldn't.  11 <b>Q. It doesn't matter what protocol he gives</b>  12 <b>you, whether it makes sense to you or not, you just</b>  13 <b>follow that protocol?</b>  14 MR. MYLAR: Objection. Incomplete  15 hypothetical. Lack of foundation and calls for  16 speculation.  17 A. When he gives me an order to follow, to  18 do something, then I will follow it.  19 <b>Q. Okay. In your judgment, how many days</b>  20 <b>should an inmate follow alcohol withdrawal protocol?</b>  21 MR. MYLAR: Objection. Lack of  22 foundation.  23 A. In cases in the past at the jail it can  24 be up to two, three days, four days before a person  25 totally detoxes, whether it's alcohol, heroin or</p>	<p style="text-align: right;">101</p> <p>1 methamphetamine. It can be a longer period.  2 Depends on the individual. Everybody is a little  3 bit different that way.  4 <b>Q. DTs, the delirium tremens that you noted</b>  5 <b>on the 29th, do you remember how those manifested?</b>  6 A. Not specifically. He would have had the  7 shakes. He would have maybe been sweating. Vital  8 signs are off again. He's a little confused after  9 that amount of time.  10 <b>Q. If he was sweaty, you would note that,</b>  11 <b>wouldn't you?</b>  12 A. Perhaps; perhaps not.  13 <b>Q. Would you consider that to be an</b>  14 <b>important symptom?</b>  15 A. If it was happening in this case.  16 <b>Q. Delirium tremens would also be different</b>  17 <b>from person to person, right?</b>  18 A. Yes.  19 <b>Q. It can be very severe shakes?</b>  20 A. Yes.  21 <b>Q. It can also be so mild you would have to</b>  22 <b>touch his fingertip to see if they're shaking,</b>  23 <b>right?</b>  24 A. You would have to do a neuro check,  25 check his vital signs, maybe do a manual pulse.</p>

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<p style="text-align: right;">102</p> <p>1 Q. You don't remember how his delirium</p> <p>2 tremens manifested.</p> <p>3 A. I don't recall exactly.</p> <p>4 Q. What are the contraindications for</p> <p>5 librium?</p> <p>6 MR. MYLAR: Objection. Lack of</p> <p>7 foundation.</p> <p>8 A. I don't prescribe so I don't know.</p> <p>9 Q. Do you know the contraindications for</p> <p>10 Ativan?</p> <p>11 A. Not specifically, no.</p> <p>12 Q. Did Dr. Larowe ask you about any of the</p> <p>13 contraindications for Ativan or librium?</p> <p>14 A. No.</p> <p>15 Q. Did Dr. Larowe ask you for the history</p> <p>16 of where the patient had been for the last 11 days?</p> <p>17 A. He asked me for a history of what we</p> <p>18 were doing since he's under observation.</p> <p>19 Q. Did he ask you for a history of whether</p> <p>20 he had had access to other inmates in general</p> <p>21 population where he could have received any kind of</p> <p>22 smuggled drug or alcohol?</p> <p>23 A. Did he ask me that?</p> <p>24 Q. Yes.</p> <p>25 A. No, he didn't ask me that.</p>	<p style="text-align: right;">103</p> <p>1 Q. Did he ask you whether you thought it</p> <p>2 would be a good idea to send him to the emergency</p> <p>3 room?</p> <p>4 A. No.</p> <p>5 Q. Did he ask you if he was exhibiting any</p> <p>6 symptoms that you didn't expressly tell him?</p> <p>7 A. Could you repeat that question?</p> <p>8 Q. Yeah. Did he ask you any followup</p> <p>9 questions?</p> <p>10 A. Such as.</p> <p>11 Q. What else is going on?</p> <p>12 A. No.</p> <p>13 Q. Did you give him the information that's</p> <p>14 contained in that note?</p> <p>15 A. Yes.</p> <p>16 Q. Did he ask you for any other</p> <p>17 information?</p> <p>18 A. No, not that I recall.</p> <p>19 Q. Did he ask for any video or photographs</p> <p>20 of the patient?</p> <p>21 A. No.</p> <p>22 Q. Did he ask you if Jon Worlton had had a</p> <p>23 chance to meet with Mr. Crowson?</p> <p>24 A. No.</p> <p>25 Q. On 6-29 you also noted, "Patient states</p>
<p style="text-align: right;">104</p> <p>1 he does not remember the last five days."</p> <p>2 A. Yes.</p> <p>3 Q. Short-term memory loss, is that</p> <p>4 something you would look at if you were suspecting a</p> <p>5 brain injury?</p> <p>6 A. That was his subjective information so I</p> <p>7 don't know if he truly could remember the last five</p> <p>8 days or not. But I explained to him he had been</p> <p>9 housed in booking and I didn't know what was going</p> <p>10 on with him.</p> <p>11 Q. Right here you've got "Patient more</p> <p>12 A&amp;O."</p> <p>13 A. Alert and oriented.</p> <p>14 Q. He was able to verbalize more than just</p> <p>15 one-word answers?</p> <p>16 A. Yes.</p> <p>17 Q. What's VS stable?</p> <p>18 A. Vital signs stable.</p> <p>19 Q. And you explained to him that he had</p> <p>20 been housed in booking?</p> <p>21 A. In medical, yes.</p> <p>22 Q. And the very last line indicates he</p> <p>23 agreed to take medications as ordered; is that</p> <p>24 right?</p> <p>25 A. It says, "Patient verbalized</p>	<p style="text-align: right;">105</p> <p>1 understanding," that's what VU is, verbalized</p> <p>2 understanding, "and contracts to take meds as</p> <p>3 ordered."</p> <p>4 Q. And he was compliant?</p> <p>5 A. Yes.</p> <p>6 Q. Was he ever combative with you?</p> <p>7 A. No.</p> <p>8 Q. He never refused treatment?</p> <p>9 A. No.</p> <p>10 Q. July 1st, "Physical movement delayed,"</p> <p>11 did you note that as well?</p> <p>12 A. No. I wasn't there that day.</p> <p>13 Q. Any other days.</p> <p>14 A. No.</p> <p>15 Q. Mr. Borrowman also noted, "Patient still</p> <p>16 struggles with focusing on the interviewer and will</p> <p>17 lose his train of thought." During your visit to</p> <p>18 Mr. Crowson is that something you also observed?</p> <p>19 A. No.</p> <p>20 Q. Page 492, this is the medication for</p> <p>21 librium. I want to make sure I'm understanding it</p> <p>22 correctly. This is three capsules by mouth b.i.d.</p> <p>23 What's b.i.d?</p> <p>24 A. Twice daily.</p> <p>25 Q. Twenty-five milligrams?</p>

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<p style="text-align: right;">106</p> <p>1 A. Yes. That's the strength of each 2 capsule. 3 <b>Q. So that's twice daily, 150 milligrams</b> 4 <b>per day. Is that the way that we're supposed to</b> 5 <b>read that?</b> 6 A. Twice daily would be 75 milligrams -- 75 7 milligrams twice daily, total 150, yeah. 8 <b>Q. Down here the number of doses, six.</b> 9 A. That's the usual tapered dose. It drops 10 down from three to two and on through a period of 11 nine to 12 days. 12 <b>Q. Okay. And the number of doses received</b> 13 <b>down here, does that mean there were three doses</b> 14 <b>received?</b> 15 A. That's what it looks like, yes. 16 <b>Q. How do you tell when those doses were</b> 17 <b>administered?</b> 18 A. It's recorded in the CorEMR chart under 19 the medical record. 20 <b>Q. Who administers those doses?</b> 21 A. Whichever nurse is passing meds during 22 that time period. 23 <b>Q. Does anyone other than a nurse ever</b> 24 <b>touch those meds?</b> 25 A. No.</p>	<p style="text-align: right;">107</p> <p>1 <b>Q. Page 502, a category called scanned</b> 2 <b>documents. It looks like July 3, 2014 there were</b> 3 <b>some documents downloaded by Elizabeth Jimenez and</b> 4 <b>they were medical records from Dixie Regional</b> 5 <b>Medical Center. Do you know how the jail came into</b> 6 <b>possession of the Dixie Regional Medical Center</b> 7 <b>records?</b> 8 A. Probably requested them. 9 <b>Q. Okay. Is that something as a nurse you</b> 10 <b>do or is that someone else's job to request records?</b> 11 A. We will request records at time if 12 there's a need. Sometimes we get them, sometimes we 13 don't. Sometimes they're delayed in getting to us. 14 <b>Q. Have you ever had an opportunity to look</b> 15 <b>at what records were downloaded?</b> 16 A. No. I believe he was released on the 17 2nd; is that right? From our custody? 18 <b>Q. From your custody, yes.</b> 19 A. And then we received these on the 3rd, 20 so I wouldn't have looked at them. 21 <b>Q. Okay.</b> 22 (Discussion off the record.) 23 <b>Q. On July 30th there was an x-ray done to</b> 24 <b>rule out pneumonia is what the record states.</b> 25 MR. MYLAR: July 30th?</p>
<p style="text-align: right;">108</p> <p>1 MR. SCHRIEVER: Excuse me. June 30th. 2 You've got to watch me with June and July 3 apparently. 4 <b>Q. On June 30, 2014 the records indicate</b> 5 <b>there was an x-ray ordered by Dr. Larowe and the</b> 6 <b>note said it was to rule out pneumonia. Do you have</b> 7 <b>a memory of that?</b> 8 A. No. 9 <b>Q. Okay. That's in the records.</b> 10 A. So which day are we talking about? 11 <b>Q. July 30th -- or June 30th.</b> 12 MR. MYLAR: Do you have the Bates 13 number? 14 MR. SCHRIEVER: 501. 15 <b>Q. Were you off that day?</b> 16 A. On the 30th? 17 <b>Q. Yes.</b> 18 A. Yes. I believe on the 30th Ryan and I 19 were both working that day but he had booking and I 20 had general population, so I wouldn't have seen it. 21 <b>Q. On the 30th.</b> 22 A. Yes, I believe that's correct. So, no, 23 I didn't see any of that. 24 <b>Q. 499 appointment set by Michael Johnson</b> 25 <b>and then the appointment no longer needed. Let's go</b></p>	<p style="text-align: right;">109</p> <p>1 <b>back a page. So on page 498 does this indicate that</b> 2 <b>you met with Mr. Crowson on the 30th?</b> 3 A. No. He wasn't in my care. Like I said, 4 Ryan and I were both on that day. Ryan had booking. 5 I had general population. 6 <b>Q. When somebody exhibits those symptoms,</b> 7 <b>is it important to take vital signs regularly?</b> 8 A. At least once a shift, yeah. Check on 9 him twice a day. 10 <b>Q. If vital signs are taken, it should be</b> 11 <b>recorded in CorEMR every time?</b> 12 A. Should. 13 <b>Q. Who is Trevor Benson?</b> 14 A. Right now he's a lieutenant over 15 housing. 16 <b>Q. Who was he in June of 2014?</b> 17 A. I'm not sure what his assignment was. 18 <b>Q. How about Harry Lambert?</b> 19 A. He was a lieutenant. 20 <b>Q. 513, this note is dated 8-11-14 and it</b> 21 <b>recites down here that Crowson was transported on</b> 22 <b>July 14th and then it gives a description. Have you</b> 23 <b>ever seen this report before?</b> 24 A. No. 25 <b>Q. Were you ever asked by Trevor Benson or</b></p>

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<p style="text-align: right;">110</p> <p>1 Harry Lambert about this incident?</p> <p>2 A. No.</p> <p>3 Q. Are they in the medical department?</p> <p>4 A. No.</p> <p>5 Q. You may not know because you don't use</p> <p>6 Spillman very much. Up here at the top there is an</p> <p>7 incident number given. Do you know what that number</p> <p>8 means in Spillman?</p> <p>9 A. No.</p> <p>10 MR. SCHRIEVER: Those are all the</p> <p>11 questions I have for you.</p> <p>12 MR. WIGHT: I'm going to have just a</p> <p>13 few. Shall we do that now?</p> <p>14 MR. MYLAR: Yes.</p> <p>15 EXAMINATION</p> <p>16 BY MR. WIGHT:</p> <p>17 Q. Sir, I'm Gary Wight. I represent</p> <p>18 Dr. Larowe. I'm going to jump around a little bit</p> <p>19 just to ask you a few followup questions.</p> <p>20 A. Okay.</p> <p>21 Q. You testified that you received some</p> <p>22 training from Dr. Larowe on what to do with</p> <p>23 patients who are suffering alcohol withdrawal. I</p> <p>24 believe that's what you testified. Did I get that</p> <p>25 right?</p>	<p style="text-align: right;">111</p> <p>1 A. We've had staff trainings in the past</p> <p>2 where he's come out and attended I think once or</p> <p>3 twice.</p> <p>4 Q. What do you remember about those staff</p> <p>5 trainings?</p> <p>6 A. Basically just watch out for vital</p> <p>7 signs, orientation, cognitive, neurological</p> <p>8 deficits, delirium tremens with the shakes or any of</p> <p>9 those things that would seem abnormal.</p> <p>10 Q. And that's what Dr. Larowe told the</p> <p>11 staff regarding alcohol or drug withdrawals?</p> <p>12 A. Just withdrawals in general.</p> <p>13 Q. Withdrawals in general.</p> <p>14 A. Yeah.</p> <p>15 Q. Did he give you any other instructions</p> <p>16 that you can remember?</p> <p>17 A. No.</p> <p>18 Q. And you think that's been two times that</p> <p>19 he's --</p> <p>20 A. I don't remember. I know he's come out</p> <p>21 to a staff meeting at least once where we've talked</p> <p>22 to Dr. Larowe a little bit about detoxing, what to</p> <p>23 watch out for, what was emergent, what might be</p> <p>24 observed for a few days.</p> <p>25 Q. Do you know when it was that he did that</p>
<p style="text-align: right;">112</p> <p>1 training?</p> <p>2 A. Not exactly, no.</p> <p>3 Q. Was it after this June of 2014 or</p> <p>4 before? Any way to tell me that?</p> <p>5 A. I don't know.</p> <p>6 Q. I want to go back to 501. Specifically</p> <p>7 I want to start with the June 25th entry. It's my</p> <p>8 understanding that the June 25, 2014 entry at 7:13</p> <p>9 a.m., this is something that you entered, correct?</p> <p>10 A. Yes.</p> <p>11 Q. I don't see anywhere in this entry that</p> <p>12 it states that you contacted Dr. Larowe. Am I</p> <p>13 missing it somehow?</p> <p>14 A. No. Not at that point I didn't get</p> <p>15 ahold of him.</p> <p>16 Q. So you don't believe you contacted him</p> <p>17 on June 25th?</p> <p>18 A. I don't believe so.</p> <p>19 Q. All right. You do know that you</p> <p>20 referred Mr. Crowson to Jon Worlton, though.</p> <p>21 A. Yes.</p> <p>22 Q. But I think, and I just want to make</p> <p>23 sure your testimony is you're not sure what happened</p> <p>24 with that referral.</p> <p>25 A. No.</p>	<p style="text-align: right;">113</p> <p>1 Q. You already told us that you weren't at</p> <p>2 the facility on the 26th or the 27th. Do you know</p> <p>3 what nurses were at the facility those days?</p> <p>4 A. Not specifically.</p> <p>5 Q. If the nurses that were there the 26th</p> <p>6 and the 27th had entered notes in CorEMR, would you</p> <p>7 expect that we would see those here on 501?</p> <p>8 A. Should be there.</p> <p>9 Q. And you've never become aware of any</p> <p>10 notes that were entered those days?</p> <p>11 A. No.</p> <p>12 Q. So the first note I see of a contact</p> <p>13 with Dr. Larowe was June 28, 2014, 4:22 p.m. Does</p> <p>14 that look accurate to you?</p> <p>15 A. June 28 what time?</p> <p>16 Q. 4:22 p.m. It says, "Patient status,</p> <p>17 staffed with M.D."</p> <p>18 A. I reported to the doctor at 2:00, 2:07</p> <p>19 on the 28th.</p> <p>20 Q. Oh, I see. You're right. That was the</p> <p>21 first time you contacted Dr. Larowe?</p> <p>22 A. Yes.</p> <p>23 Q. Okay. Do you have any actual memory of</p> <p>24 the conversations you had with Dr. Larowe on the</p> <p>25 28th of June?</p>



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<p style="text-align: right;">114</p> <p>1 A. Not actual, no.</p> <p>2 <b>Q. As you sit here, you can't remember</b></p> <p>3 <b>words or things you described to him?</b></p> <p>4 A. Only what I documented.</p> <p>5 <b>Q. All right. And you can't remember</b></p> <p>6 <b>things he might have asked you or said to you other</b></p> <p>7 <b>than what you've documented?</b></p> <p>8 A. No.</p> <p>9 <b>Q. On the 28th when you came back to the</b></p> <p>10 <b>facility after being gone for a few days, would you</b></p> <p>11 <b>have had a handoff discussion with the nurse who had</b></p> <p>12 <b>been observing Mr. Crowson?</b></p> <p>13 A. Yes.</p> <p>14 <b>Q. Do you know when that handoff discussion</b></p> <p>15 <b>took place?</b></p> <p>16 A. It would have been at shift change.</p> <p>17 Normally we pass off to each other so that would</p> <p>18 have been first thing in the morning.</p> <p>19 <b>Q. And that's not always documented, the</b></p> <p>20 <b>handoff discussion?</b></p> <p>21 A. No.</p> <p>22 <b>Q. Is it something that's ever documented?</b></p> <p>23 A. I don't know.</p> <p>24 <b>Q. It sounds like you don't always document</b></p> <p>25 <b>handoff discussions.</b></p>	<p style="text-align: right;">115</p> <p>1 A. No. It's a face-to-face report and then</p> <p>2 we just go from there and then go do our rounds and</p> <p>3 check on the patients that need to be checked on.</p> <p>4 <b>Q. Do you have any recollection what you</b></p> <p>5 <b>were told about Mr. Crowson when you came back the</b></p> <p>6 <b>morning of June 28th?</b></p> <p>7 A. No.</p> <p>8 <b>Q. And we don't have a document here on</b></p> <p>9 <b>501, correct?</b></p> <p>10 A. Not that I can see, no.</p> <p>11 <b>Q. Do you have any recollection of hearing</b></p> <p>12 <b>anything from prison staff, whether that's</b></p> <p>13 <b>correctional officers or other nurses, regarding</b></p> <p>14 <b>Mr. Crowson potentially using homemade alcohol or</b></p> <p>15 <b>having access to drugs prior to June 25th?</b></p> <p>16 A. Not that I recall, no.</p> <p>17 <b>Q. When you were treating Mr. Crowson</b></p> <p>18 <b>around the June 25th to the June 29th timeframe were</b></p> <p>19 <b>you aware that he had had problems with drug abuse</b></p> <p>20 <b>in the past?</b></p> <p>21 A. He had been in our jail on a frequent</p> <p>22 basis. I believe there were entries prior to this</p> <p>23 that he was documented as intoxicated when he came</p> <p>24 in on his intake and was kept in booking for a</p> <p>25 certain period of time to make sure he was all</p>
<p style="text-align: right;">116</p> <p>1 right.</p> <p>2 <b>Q. And you were aware of that at the time,</b></p> <p>3 <b>in the June 25th timeframe?</b></p> <p>4 A. Yeah. He had been out there before and</p> <p>5 we knew he was a user, was a drug user and had</p> <p>6 problems.</p> <p>7 <b>Q. You testified earlier that when you</b></p> <p>8 <b>tried to take his blood you had trouble and one of</b></p> <p>9 <b>the reasons is because of scarring?</b></p> <p>10 A. Yes.</p> <p>11 <b>Q. Can you help us understand that</b></p> <p>12 <b>scarring?</b></p> <p>13 A. I wasn't able to get any vein</p> <p>14 penetration because of the scarring on his veins.</p> <p>15 <b>Q. Did you have an understanding of how</b></p> <p>16 <b>Mr. Crowson developed those scars?</b></p> <p>17 MR. SCHRIEVER: Objection. Speculation.</p> <p>18 A. I don't know.</p> <p>19 <b>Q. Did you believe it was from heroin use,</b></p> <p>20 <b>intravenous drug use?</b></p> <p>21 A. That's normally what we see when someone</p> <p>22 has been using.</p> <p>23 <b>Q. Okay. Do you have any recollection</b></p> <p>24 <b>whether those scars appeared to be fresh or older?</b></p> <p>25 A. No, I don't recall.</p>	<p style="text-align: right;">117</p> <p>1 <b>Q. I want to go to the note on 501, June</b></p> <p>2 <b>29, 2014, 3:36 p.m. This chronicles a conversation</b></p> <p>3 <b>you had with Mr. Crowson after you had administered</b></p> <p>4 <b>the Ativan earlier that day. Do I have the timeline</b></p> <p>5 <b>right?</b></p> <p>6 A. Yes.</p> <p>7 <b>Q. Did it appear to you that Mr. Crowson's</b></p> <p>8 <b>condition had improved after you administered the</b></p> <p>9 <b>Ativan?</b></p> <p>10 A. Yes.</p> <p>11 <b>Q. In fact, Mr. Crowson was able to</b></p> <p>12 <b>verbalize more than just one-word answers after you</b></p> <p>13 <b>administered the medication?</b></p> <p>14 A. Yes.</p> <p>15 <b>Q. And he was more alert and attentive; is</b></p> <p>16 <b>that correct?</b></p> <p>17 A. Yes.</p> <p>18 <b>Q. At the bottom there you explained to him</b></p> <p>19 <b>that he would continue to be receiving meds twice a</b></p> <p>20 <b>day orally. That's correct.</b></p> <p>21 A. Yes.</p> <p>22 <b>Q. Then it states, "Patient verbal</b></p> <p>23 <b>understanding and contracts to take meds as</b></p> <p>24 <b>ordered." Did I decipher that correctly?</b></p> <p>25 A. "Patient verbalized understanding."</p>

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<p style="text-align: right;">118</p> <p>1 <b>Q. Verbalized. Thank you. Did you explain</b>  2 <b>to Mr. Crowson at that time that he was receiving</b>  3 <b>medications for alcohol or drug withdrawal?</b>  4 A. For withdrawals. I didn't know if it  5 was alcohol or what it was but the doctor ordered  6 that and it was for detoxing on some substance,  7 yeah.  8 <b>Q. And I just want to make sure but you</b>  9 <b>explained to Mr. Crowson that's why he was receiving</b>  10 <b>the medication.</b>  11 A. Yes.  12 <b>Q. Did he ever push back on that and say,</b>  13 <b>"Hey, I don't have anything to withdraw from"?</b>  14 A. No.  15 <b>Q. In fact, your note indicates that he</b>  16 <b>actually contracted to take the medication as</b>  17 <b>ordered by Dr. Larowe.</b>  18 A. Yes.  19 MR. WIGHT: That's all the questions I  20 have. Thank you, sir.  21 MR. MYLAR: I don't have any questions.  22 FURTHER EXAMINATION  23 BY MR. SCHRIEVER:  24 <b>Q. I just wanted to confirm that the first</b>  25 <b>time Dr. Larowe was called was on June 28th at 2:07</b></p>	<p style="text-align: right;">119</p> <p>1 <b>p.m.; is that correct?</b>  2 MR. MYLAR: By this witness you're  3 asking.  4 MR. SCHRIEVER: By anyone in the record.  5 MR. MYLAR: Well, I'm going to object.  6 Lack of foundation as to anyone in the record.  7 <b>Q. Anyone on those entries on 501.</b>  8 MR. SCHRIEVER: Again I'll object based  9 on lack of personal information.  10 A. I have no idea.  11 <b>Q. First time you called him on June 28,</b>  12 <b>2014 was at 7 p.m.?</b>  13 A. Yes.  14 <b>Q. Why wasn't Ativan prescribed on 6-25?</b>  15 MR. MYLAR: Objection. Calls for  16 speculation. Lack of foundation.  17 <b>Q. Well, actually it couldn't have been</b>  18 <b>because you hadn't called Dr. Larowe, right?</b>  19 MR. MYLAR: Objection. Calls for  20 speculation.  21 <b>Q. It would take a call to Dr. Larowe to</b>  22 <b>get that prescription, right?</b>  23 A. It would be a doctor's order.  24 <b>Q. When you refer to he'd been put into</b>  25 <b>detox on booking, you were referring to prior</b></p>
<p style="text-align: right;">120</p> <p>1 <b>incarcerations, not this incarceration, correct?</b>  2 A. Yes.  3 <b>Q. Because on the intake for this</b>  4 <b>particular booking there was no alcohol.</b>  5 A. That's what the record, yeah.  6 <b>Q. He actually said that he had taken</b>  7 <b>heroin about two days before that, do you recall</b>  8 <b>that?</b>  9 A. You showed me that in the record  10 earlier, right.  11 <b>Q. Okay. So at that point, if you had</b>  12 <b>received that information, would you have any reason</b>  13 <b>to believe that he was being untruthful about the</b>  14 <b>substances that he had used?</b>  15 A. I wouldn't really know if he would be  16 truthful or not. We have inmates that aren't.  17 <b>Q. Okay.</b>  18 A. We listen to what they say but we have  19 to verify.  20 <b>Q. If he told you that he'd had heroin but</b>  21 <b>denied alcohol, any reason to think that that was</b>  22 <b>somehow inaccurate?</b>  23 MR. MYLAR: Objection. Calls for  24 speculation and also calls for mental impression of  25 the plaintiff.</p>	<p style="text-align: right;">121</p> <p>1 MR. WIGHT: Let me add it lacks  2 foundation. Go ahead.  3 A. I wouldn't try to assume anything.  4 <b>Q. Are you familiar with the class of drugs</b>  5 <b>called benzodiazepines?</b>  6 MR. MYLAR: Objection. Lack of  7 foundation.  8 A. Am I familiar with it?  9 <b>Q. Yes.</b>  10 A. Somewhat, yes.  11 <b>Q. Is it your understanding it's a more</b>  12 <b>slow-acting form of drugs that people use to get</b>  13 <b>high?</b>  14 A. No.  15 <b>Q. What's your understanding of that?</b>  16 A. I don't -- ask the question again,  17 please.  18 <b>Q. What's your understanding of how</b>  19 <b>benzodiazepines work?</b>  20 MR. MYLAR: Objection. Lack of  21 foundation.  22 A. You indicated more slow acting that  23 people use to get high? I'm not sure which question  24 you're asking.  25 <b>Q. I'm just opening it up to your</b></p>



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<p style="text-align: right;">122</p> <p><b>1 knowledge. So what is your understanding of how</b></p> <p><b>2 benzodiazepines work?</b></p> <p>3 A. When we use Ativan or librium, those are</p> <p>4 the only benzodiazepines I have any knowledge about</p> <p>5 really because we use them in our practice. We use</p> <p>6 them to help a patient detox either from alcohol or</p> <p>7 sometimes meth, heroin. A lot of times use Xanax.</p> <p><b>8 Q. Do you know how they work in the body?</b></p> <p>9 A. Not exactly, no.</p> <p>10 MR. SCHRIEVER: We're done.</p> <p>11 MR. WIGHT: I have nothing further.</p> <p>12 Thank you, sir.</p> <p>13 MR. MYLAR: We'll read and sign the</p> <p>14 deposition.</p> <p>15 (Whereupon the taking of this deposition was</p> <p>16 concluded at 11:50 a.m.)</p> <p>17 * * *</p> <p>18 Reading copy submitted to the witness at</p> <p>19 Washington County Sheriff's Office, 750 South 5600</p> <p>20 West, Hurricane, Utah 84737.</p> <p>21 Original transcript submitted to</p> <p>22 Mr. Schriever.</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">123</p> <p style="text-align: center;">C E R T I F I C A T E</p> <p>1 STATE OF UTAH )</p> <p>2 )</p> <p>3 COUNTY OF )</p> <p>4 I HEREBY CERTIFY that I have read the</p> <p>5 foregoing testimony consisting of 120 pages,</p> <p>6 numbered from 3 through 122 inclusive, and the same</p> <p>7 is a true and correct transcription of said</p> <p>8 testimony except as I have indicated changes on the</p> <p>9 enclosed errata sheet.</p> <p>10</p> <p>11</p> <p>12</p> <p style="text-align: right;">MICHAEL T. JOHNSON</p> <p>13</p> <p>14</p> <p>15</p> <p>16 Subscribed and sworn to at</p> <p>17 this day of , 2018.</p> <p>18</p> <p>19</p> <p style="text-align: right;">Notary Public</p> <p>20</p> <p>21</p> <p>22 My Commission Expires:</p> <p>23</p> <p>24</p> <p style="text-align: center;">* * *</p> <p>25</p>
<p style="text-align: right;">124</p> <p style="text-align: center;">C E R T I F I C A T E</p> <p>1 STATE OF UTAH )</p> <p>2 )</p> <p>3 COUNTY OF SALT LAKE )</p> <p>4 THIS IS TO CERTIFY that the deposition of</p> <p>5 MICHAEL T. JOHNSON was taken before me, Linda</p> <p>6 Van Tassell, Registered Diplomate Reporter and</p> <p>7 Notary Public in and for the State of Utah.</p> <p>8 That the said witness was by me, before</p> <p>9 examination, duly sworn to testify the truth, the</p> <p>10 whole truth, and nothing but the truth in said</p> <p>11 cause.</p> <p>12 That the testimony was reported by me and that</p> <p>13 a full, true, and correct transcription is set</p> <p>14 forth in the foregoing pages, numbered 3 through</p> <p>15 122 inclusive.</p> <p>16 I further certify that I am not of kin or</p> <p>17 otherwise associated with any of the parties to</p> <p>18 said cause of action, and that I am not interested</p> <p>19 in the event thereof.</p> <p>20 WITNESS MY HAND at Salt Lake City, Utah, this</p> <p>21 18th day of April, 2018.</p> <p>22 </p> <p>23</p> <p style="text-align: center;">Linda Van Tassell</p> <p style="text-align: center;">RDR/RMR/CRR</p> <p>24</p> <p>25</p>	

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